



Town of McBee

Month Ending _____

Local Hospitality Tax Monthly Reporting Form

Mail To: Town of McBee, PO Box 248, McBee, SC 29101

Name and Address of Business: _____

Filing Period: Month _____ Year: _____

SC Sales Tax License No. _____

Contact Name: _____

Contact Phone: _____

HOSPITALITY TAX COMPUTATION

1. Gross proceeds of Sales, Rentals and Withdrawals for Own Use,
(include Food Sales) (From **ATTACHED** SC Department of Revenue State Sales
and Use Tax Return Form ST-3 – Line 1) 1. _____

2. Hospitality Tax Allowable Exclusions (Itemized by Type of Exclusion and
amount of Exclusion)

Column A Type of Exclusion	Column B Amount of Exclusion
_____	_____
_____	_____
_____	_____

Total Amount of Exclusions (Total Column B) 2. _____

3. Adjusted Net Taxable Sales (Line 1 minus line 2) 3. _____

4. Tax (Line 3 x 2% (.02) **2%** 4. _____

5. Taxpayer's Discount (For timely filed returns only) (2% (.02) of line 4) 5. _____

6. Hospitality Tax Net Amount Payable (Line 4 minus line 5) 6. _____

7. Penalty – 5% (.05) of line 4 for **each** month or portion after due date 7. _____

8. Total Hospitality Tax Due (Add lines 6 and 7) 8. _____

IMPORTANT: This return becomes **DELINQUENT** if it is postmarked after the 20th day following the close of the period.

REMINDER: Sign and date the return below. **ATTACH** copy, both front and back, of SC Department of Revenue State Sales and Use Tax Return, Form ST-3.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

I understand that the Town of McBee assesses penalties for making false or fraudulent statements on this reporting form.

Signature: _____ Date: _____

Owner, Partner or Title _____