

CITY OF NEWBERRY

P.O. BOX 538, NEWBERRY, SC 29108-0538 * PHONE: 803-321-1007

LOCAL HOSPITALITY AND ACCOMMODATIONS FEE

Monthly Reporting Form

Business Name:	_____
Business Location:	_____
Business Mailing Address:	_____
FED ID# or SS#:	_____

SALES FOR:
Month of _____
Year _____

City Business Lic # _____

Computation of Local Hospitality & Accommodations Fee Amount Due to City:

- | | | |
|--|---|--|
| 1. Gross Proceeds from the Sale of Food / Beverages | 1 _____ | |
| 2. Computation of 2% Local Hospitality Fee (Line 1 x .02) | 2 _____ | |
| 3. Gross Proceeds from Rental of Transient Accommodations | 3 _____ | |
| 4. Computation of 3% Local Accommodations Fee (Line 3 x .03) | 4 _____ | |
| 5. Subtotal Local Hospitality & Accommodations Fees Due
(Sum of Lines 2 & 4) | 5 <table border="1"><tr><td> </td></tr></table> | |
| | | |
| 6. Penalty of Delinquent Remittance (Line 5 x 5% Per Month*) | 6 _____ | |
| 7. TOTAL LOCAL HOSPITALITY & ACCOMMODATIONS
FEES DUE TO CITY OF NEWBERRY (Sum of Lines 5 & 6) | 7 <table border="1"><tr><td> </td></tr></table> | |
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Enclose check with this return.

**This return covers the period through the last day of the month and
becomes delinquent on the 21st day of the following month.**

*PENALTY on delinquent remittance: A penalty of five percent (5%) of the unpaid fees applies for each calendar month or portion thereof after the due date until paid.

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and accurate return.	
Signature _____	Owner, Partner or Title _____
Date _____	Telephone Number _____