

# County of Sumter Hospitality Fee Monthly Reporting Form

Please print or type:

Name and address of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing period:

Month \_\_\_\_\_ Year \_\_\_\_\_

FEI or SS#

Contact name

Contact phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Hospitality Fee Calculation

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

\_\_\_\_\_

2 Hospitality Fee allowable exclusions (Itemize 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)

\_\_\_\_\_

3 Adjusted net taxable sales (line 1 minus line 2)

\_\_\_\_\_

4 Fee (Line 3 x 2% (.02))

\_\_\_\_\_

5 Taxpayer's discount (for timely filed returns only (2% (.02) of line 4)

\_\_\_\_\_

6 Hospitality Fee net amount payable (line 4 minus line 5)

\_\_\_\_\_

7 Penalty on delinquent fees  
(5% (.05) of the unpaid fee for each month or portion thereof  
after due date until paid)

\_\_\_\_\_

8 Total Hospitality Fee Due

\_\_\_\_\_

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the County of Sumter assesses penalties for making false or fraudulent statements on this reporting form.

Please make checks payable to:

**Sumter County Government**  
**Attn: Hospitality Fee**  
**13 East Canal Street**  
**Sumter SC 29150**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_