CITY OF CLEMSON
HOSPITALITY REMITTANCE
MONTHLY REPORTING FORM

Name and Address of Business: __________
Filing Period: Month ______ Year _____
_____________________________________
F.E.I. OR S.S. # ______________________
_____________________________________
Contact Name________________________
_____________________________________
Contact Phone _______________________
E-Mail: ______________________________

COMPUTATION OF HOSPITALITY AMOUNT DUE:

1. Hospitality Fee/Tax $_________________ x .02 $ __________________
   Gross Proceeds from Sale of Food/Beverages
2. Less Discount for Timely Filed Returns*$_________________ x .02
   - __________________
   Line 1
3. Plus Penalty on Delinquencies **$_________________ x .05 + __________________
   # of months late
   Line 1

4. TOTAL AMOUNT DUE ____________________________________________ = $ _____________

This return covers the period through the last day of the month and becomes delinquent after the 20th day of the following month.

Payment must be postmarked no later than the 20th day of the month.
* DISCOUNT for timely filed returns - a discount of 2% (.02) will be given to those who file their return and payment on or before the due date of the 20th. In the event the 20th day of the month occurs on a Saturday or Sunday, the due date for submittal and/or postmark shall be on the Monday that immediately follows the 20th day of the month.
**PENALTY on delinquencies - a penalty of 5% (.05) for each month or portion thereof after the due date until paid.

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

Filed By: ______________________________________ Date _______________________

Return To: City of Clemson, Finance Department, 1250 Tiger Blvd., Ste 2, Clemson, SC 29631-2661

White: City Yellow: Vendor