



LOCAL HOSPITALITY TAX REMITTANCE FORM

Reference Ordinance 2025-xxx, Municipal Code Chapter 32, Municipal Hospitality Tax
SCDOR Form ST-3, State Sales and Use Tax Return must be submitted with this form.

Business Name & Mailing Address

Federal ID _____

SC Retails Tax # _____

THIS RETURN REPORTS FOR

Month

Year

Computation of Hospitality Tax:

Line 1 Gross Proceeds of Sales Subject to Hospitality Tax

Line 2 Balance Due (Line 1 x 2%)

Line 3 Penalty, if not received by 21st day of the following month (Line 1 x 5%)

Line 4 Total Hospitality Tax and Penalty Due

IMPORTANT: This return covers the reporting period listed above and becomes delinquent on the 21st day of the following month. Any tax not received by the town by the 21st day of the following month shall be subject to a late penalty of 5% of the sum owed and shall continue to incur a monthly penalty of 5% if not received by the 21st day of each and every month thereafter until paid in full.

I hereby certify that I have examined this remittance form and, to the best of my knowledge, it is true and correct.

Signature _____

Printed Name _____

Date _____

Title _____

MAIL TO:

Town of Swansea
Attn: Local Hospitality Tax
PO Box 429
Swansea, SC 29160-0429

FOR OFFICIAL USE ONLY

Date Payment Received

3/17/2025