

# City of Mullins

PO Drawer 408  
Mullins, SC 29574  
Phone (843) 464-9583

## MONTHLY HOSPITALITY TAX REPORT

For the month of:

**Business Name / Address**

**Business License #:**

### Computation of Fee

1. Gross proceeds of sales covered by Hospitality fee

\$ \_\_\_\_\_

2. Fee Due (Line 1 X 2%)

\$ \_\_\_\_\_

3. Penalty

\$ \_\_\_\_\_

*(5% if not received by the 20th of the month following the report)*

Additional Penalties

\$ \_\_\_\_\_

*(5% on the 21st of each month thereafter until paid)*

5. Total Hospitality Tax and Penalty Due

\$ \_\_\_\_\_

**Note:** Payment is due on or before the 20th of the month following the "sales" month shown above. A 5% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the "gross proceeds of sales covered by Hospitality Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**