



231 E. Hayne Street
 Woodruff, SC 29388
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 www.cityofwoodruff.com

LOCAL HOSPITALITY TAX MONTHLY REPORTING FORM

MONTH OF _____ YEAR _____

Business Name: _____

Street Address: _____

Mailing Address: _____

FED ID # or SS#: _____

Computation of Local Hospitality Tax Due to City:

1. Gross proceeds from Sale of Food/Beverages	1.	\$ _____	
2. Computation of 2% Local Hospitality Tax	2.	\$ _____	
3. Penalty if remitting after 20th of month	3.	\$ _____	Penalty \$
4. Total Local Hospitality Tax Due to City of Woodruff	4.	\$ _____	

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 ten percent (10%) of the unremitted 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 of Owner/Partner/Manager

 Name of Person Completing Form

 Date

 Telephone Number