



**Special Event**

**Hospitality Tax  
Reporting Form**

**Business Name & Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**DBA:** \_\_\_\_\_  
**FEI or SSN:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Report For:**  
Event Date: \_\_\_\_\_

**Computation of Hospitality Tax Amount Due:**

1. Gross proceeds from the Sale of Food/Beverages

\_\_\_\_\_  
=

2. **Computation of Hospitality Tax (Line 1 x .02)**

3. Total Tax (Amount from Line 2)

=

4. Penalty on delinquent tax if applicable (Line 4 x .05 per month)

+

5. **TOTAL HOSPITALITY TAX DUE**

\$

Please enclose check with this form.

I certify that I have examined this return, and to the best of my knowledge and belief, it is true and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail to:** Town of Santee  
Post Office Box 1220  
Santee, SC 29142

For Official Use:	Received:	Check No.:
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