



**City of Spartanburg
Hospitality Tax
PO Box 5495
Spartanburg SC 29304
(864) 596-2055 phone
(864) 596-2424 fax
www.cityofspartanburg.org**

Business Name: _____

Attention: _____

Mailing Address: _____

City, State & Zip: _____

DBA Name: _____

Location Address: _____

LOCAL HOSPITALITY TAX REMITTANCE FORM

Month: _____ Year: _____

Total gross proceeds on food/beverages: \$ _____

2% of gross proceeds (total gross x .02): \$ _____

Less 2% discount if paid by due date* (2% of gross x .02): - \$ _____

Plus 10% penalty per month if late* (2% of gross x .10): + \$ _____
MINIMUM \$25.00

TOTAL DUE: \$ _____

Signature: _____ Phone: _____

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

***Payments must be made in-office or postmarked by the 20th of the following month to avoid penalties. If the 20th falls on a weekend or City holiday, payments are due the next business day.**

For help calculating your hospitality tax, or to request extra forms, call (864) 596-2055.