



William S. Cogswell Jr.  
Mayor

*City of Charleston  
South Carolina  
Revenue Collections Division  
2% Hospitality Tax*

Joshua D. Richards  
Director

**Business Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Computation of Hospitality Tax:**

This return reports sales for the month of: \_\_\_\_\_

1. Gross Proceeds of Sales (All prepared food and beverages)	1. _____
2. Line 1 x 2% (.02)	2. _____
3. Balance Due	3. _____
4. Penalty (25% if not filed by 20 <sup>th</sup> day of the following month)	4. _____
5. Total Hospitality Tax and Penalty Due	5. _____

I attest that the information stated on this form is true and accurate and records are available to substantiate this information.

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**SIGNATURE**

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**DATE**