Town of Aynor

PO Box 66 Aynor SC 29511

HOSPITALITY FEE * Monthly Reporting Form

Reporting for Month of: _____

Company Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____

Calculation of hospitality fee amount due:

1. Gross proceeds from sale of food/ beverages _____
2. Gross proceeds from rental of transient accommodations _____
3. Gross proceeds from paid admissions and/ or amusements _____
4. Total gross proceeds (sum of lines 1,2, and 3) _____
5. Calculation of hospitality fee (line 4 x .02) _____
6. Balance due _____
7. Penalty on delinquent fees _____
   (10% if filed after the 20th day following month's end)
8. TOTAL hospitality fees due (Lines 6+7) _____

This return covers the period through the last day of the month and becomes delinquent on the 21st day of the following month.

Preparer's Signature _____ Date_____