

MAYOR  
ERIC BOUGHMAN

CITY ADMINISTRATOR  
CITY CLERK  
Shirley D Hughes

CITY COUNCIL  
Lavant Padgett  
Mayor Pro Tem

Josh Harrison  
Misty Medlin  
Brian Petersen  
Charles Powell  
Dwight Yates

# CITY OF LIBERTY



206 West Front Street • P.O. Box 716  
Liberty, South Carolina 29657  
Telephone: 864-843-3177 Fax: 864-843-9400

TREASURER  
Lisa Smith

POLICE CHIEF  
Adam Gilstrap

FIRE CHIEF  
Chris Rowland

PUBLIC WORKS  
WATE/WASTEWATER  
Olen Hamlin

PUBLIC WORKS  
RECREATION  
Tony Boiter

BUILDING OFFICIAL  
Richard Davidson

## HOSPITALITY TAX REPORTING FORM

**BUSINESS NAME, ADDRESS**

**FILING PERIOD:** \_\_\_\_\_  
Month                      Year

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.E.I. or SS#:** \_\_\_\_\_

**Retail License** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**Contact Phone** \_\_\_\_\_

### Computation of Hospitality Tax Amount Due:

- |    |   |                          |
|----|---|--------------------------|
| 1. | Gross Sales of Food/Beverage                                | \$ _____                 |
| 2. | Hospitality Tax Rate  | X <u>      .02      </u> |
| 3. | Total Tax Due   | \$ _____                 |
| 4. | Penalty (5% of the fee due for each month outstanding) plus | \$ _____                 |
|    | <b>TOTAL DUE (ADD LINES 3 &amp; 4)</b>                      | <b>\$ _____</b>          |

This return reports Local Hospitality Tax for the month of \_\_\_\_\_

**I CERTIFY THAT ALL THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT THE CITY OF LIBERTY PROVIDES PENALTIES FOR MAKING FALSE OR FRAUDULENT STATEMENTS ON THIS REPORTING FORM.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_