



LOCAL HOSPITALITY TAX RETURN

Business Name: _____ DBA: _____
Location Address: _____ Suite/Unit #: _____
Mailing Address: _____
Contact Person Name: _____ Title: _____
Contact Person Phone #: _____ Local Phone #: _____

THIS RETURN REPORTS HOSPITALITY TAX FOR THE MONTH OF _____

Gross Proceeds from the sales of meals and beverages _____
Tax Rate x.02
Tax Due _____
Penalty (5% of the fee for each month outstanding) _____
Total fee due _____

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

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.

Taxpayer Signature Title Date

Mail To:
City of Mauldin
Attn: Finance Department
Hospitality Tax
PO Box 249
Mauldin, SC 29662