Local Hospitality Reporting Form
LEXINGTON COUNTY

Mail to: Town of Irmo, Hospitality Tax
PO Box 405, Irmo, SC 29063

Please Print Clearly

Hospitality Sales Tax Form for Month _____

Business Name _____

Physical Location _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Contact Phone _____

Monthly Hospitality Tax payments and this reporting form must be remitted to the Town of Irmo no later than fifteenth (15th) day of the month. Any tax not remitted by the due date will be subject to a five percent (5%) penalty.

Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages ..... 1. $ _____

2. Gross Sales _____ X 2% (.02) ..... 2. $ _____
Enter Amount from Line 1

3. Late Fee (per month, if not paid by due date)
_____ X 5% (.05) X _____ ..... 3. $ _____
H Tax From Line 2 # of months late

4. Total Local Hospitality Tax Due to Town of Irmo ..... 4. $ _____
(Line 2 + Line 3) Total Due

Important: Pursuant to the Town of Irmo Hospitality Tax Ordinance, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law, including but not limited to, ordinance summons.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature _____ **Date** _____

Please Print Name & Title _____

FOR OFFICE USE ONLY

Postmark Date _____ Assess Late Fee _____