

Paid to: TOWN OF PELZER
Address: P. O. BOX 427
City, State, Zip: PELZER, SC 29669

HOSPITALITY TAX REMITTANCE FORM

Name: _____ Phone: _____

Contact: _____

Address:

Reporting Period: _____

1. Gross Sales: Prepared Food & Beverage	\$ _____
2. Local Hospitality Tax (Line 1 x 2.0%)	\$ _____
3. Total Local Hospitality Tax Due	\$ _____

** I hereby certify that the information on this report is true and accurate to the best of my knowledge and belief.

Signature of Applicant _____

Title _____ Date _____