



Town of Aynor

PO BOX 66 Aynor, SC 29511

Telephone

(843) 358-6231

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 accommodation _____
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 4x.01) _____
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: _____