

LOCAL TAX REMITTANCE FORM (TD/HTX)

CITY OF COLUMBIA, SOUTH CAROLINA

803-545-3345

Business Name & Mailing Address:
LOCATION OF BUSINESS (IF DIFFERENT):

Business License Acct. #

Change of Ownership?: Y/N
Change of Federal ID#?: Y/N
Business Closed? Y/N
Close Date

Reporting Period: Month: Year:

*REMITTANCE REPORTING TYPE (Please check one) Monthly Quarterly Annual

Hospitality Tax (HTX): Tourism & Development Fee (TDF): Delinquent?: Yes No

1. Total Gross Proceeds
2a. Allowable Deduction: 30-Day Continuous Rentals (TDF ONLY)
2b. Adjusted Gross (TDF ONLY)
3. Gross Proceeds: X percentage %
From Line 1, multiply the corresponding percent below
% = 3 (.03 for TDF)
% = 2 (.02 for HTX)
4. Penalty on Delinquent Tax (Total Amount From Line 2 X 5%)
Per Month Until Paid In Full
5. Total Local Tax Due to City of Columbia

Important: This return covers the reporting period listed above and becomes delinquent on the 21st day of the following month. A penalty of 5% per month will be assessed on the unpaid amount or portion thereof until paid in full. Failure to remit to the City the tax imposed shall constitute a misdemeanor punishable by a fine of not more than \$500.00 or imprisonment for up to thirty days (30), or both.

I hereby certify that I have examined this remittance form; and to the best of my knowledge, it is true and complete.

Signature: Title:
Please Print Name:
Date: Telephone Number & Extension:
Email:

HAVE YOU:
1. Included a signed and dated check for payment? Made check payable to the City of Columbia Hospitality Tax?

Mail To: CITY OF COLUMBIA, BUSINESS LICENSE DIVISION, HOSPITALITY TAX, P.O. BOX 147, COLUMBIA, S.C., 29217-0001