

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

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: _____
Please Print Name: _____
Date: _____
Email: _____

Title: _____

Telephone Number & Extension: _____

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 7997, COLUMBIA, S.C., 29202

Form #LTXRemit v6.2025