LOCAL TAX REMITTANCE FORM (TD/HTX)

CITY OF COLUMBIA, SOUTH CAROLINA
803-545-3345

Business Name & Mailing Address:	**Business License Acct. #**
LOCATION OF BUSINESS (IF DIFFERENT):	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 or State Fair Only**

Hospitality Tax (HTX): ☐ **Tourism & Development Fee (TDF):** ☐ **Delinquent?: _____Yes _____No**

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

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?

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