



TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION
 One Town Center Court, Hilton Head Island, SC 29928
 Phone (843) 341-4677 Fax (843) 341-4637
 You can pay online at: www.hiltonheadislandsc.gov

Hospitality Tax Payment Form

NAME _____
 MAILING ADDRESS _____

ACCOUNT #: _____
 PHYSICAL ADDRESS _____

PHONE NUMBER: _____

Important: A tax payment form must be filled out and submitted each quarter. Additional forms can be obtained through www.hiltonheadislandsc.gov.

FILING STATUS: Circle one ... Monthly / Qtrly PAYMENT FOR PERIOD MONTH _____ QUARTER: 1st, 2nd, 3rd, 4th YR: _____

IS THE BUSINESS SOLD? If yes, please complete the following information: Date Sold: _____

NEW OWNER NAME _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 PHONE NUMBER _____

HOSPITALITY TAX

Report in Whole Dollars

- | | | | | |
|---|-----|---|--------|--|
| 1. Gross Proceeds: Food and Beverages | [] | - | [XX] | |
| 2. Hospitality Tax Line 1 x 2%* (.02) ... | [] | - | [] | |
| 3. Penalties are calculated as follows: 5% of the unpaid amount...for each month or portion thereof after the due date until paid. Additionally, delinquent businesses may be subject to a \$1092.50 municipal summons. ... | [] | - | [] | |
| 4. Total Hospitality Tax Due (Add Lines 2 and 3) | [] | - | [] | |



IMPORTANT ... Enclose payment with report. Please do not staple

This return becomes DELINQUENT if it is postmarked after the 20th day following the end of the period

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

Name: _____

Signature: _____

T FOR OFFICE USE ONLY T

Postmark	_____
CK#	_____
Receipt#	_____
Hospitality Tax	_____
Penalty	_____
Amt Received	_____
Adjustment	_____
Bal Due	_____
Refund Due	_____
Source:	B or C

***Make additional copies for each quarter as needed.**