



Hospitality Tax Reporting Form

Hospitality Tax ID # _____

Month/Period Reporting for: _____

(payment is due by the 20th of the following month)

Business Name, DBA & Address (Please Print)

Please mail form and payment to:

Town of Lexington
Sonya Lee-Hospitality Tax
Post Office Box 397
Lexington, SC 29071

OR

fax or email along with the completed credit authorization form below to 803-358-1552 or slee@lexsc.com.

Computation of Hospitality Tax

- 1. Gross Proceeds/Sale \$ _____
- 2. 2% of Gross Proceeds (line 1 x .02) \$ _____
- 3. Late Fee per month/portion thereof if not pd by the due date (line 2 x .10 or correct %) \$ _____
- 4. Total Hospitality Tax due to Town of Lexington \$ _____

Pursuant to the Town of Lexington Hospitality Tax Ordinance, Town hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law, including but not limited to, ordinance summons.

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and complete return.

Signature _____ Date _____

For Office Use Only

Approved by _____

Penalty Applies _____

Postmark Date _____

Credit Card Authorization for Town of Lexington Hospitality Tax payment

Visa and Mastercard are the only cards we accept

Your credit card billing statement will serve as your receipt. A receipt will not be mailed.

Name on Credit Card _____

Credit Card Number _____

Expiration Date _____ Billing Zip Code _____

CVV Code _____ Amount to be charged \$ _____

Signature _____

If faxing this form in, please call me at 803-951-4631 or email me at slee@lexsc.com before you send the fax so I will know it is being sent. Please do not fax it until you make contact with me by phone or email.