

**TOWN OF CLOVER
HOSPITALITY TAX REPORTING FORM**

To be sent in by the 25th of each month to the Town of Clover

Name of Business: _____

Business Address: _____

Business Phone: _____ Fax: _____

Reporting for: _____ (month & year)

Annual Gross Revenue: \$ _____ (estimate)

To calculate the 2% Hospitality Tax, please use the formula below:

Total monthly revenue for all foods and beverages prepared for immediate consumption \$ _____

Multiply this number by 2% x _____ .02

Amount to be remitted to the Town of Clover (not the S.C. Department of Revenue) \$ _____

If your Annual Gross Revenue is over \$30,000, remit the tax due along with this form by the 25th day of the month for the previous month's sales.

If your Annual Gross Revenue is between \$15,000 and \$30,000, you may remit the tax quarterly (on the 25th day of January, April, July and October). This reporting form must still be remitted each month.

If your Annual Gross Revenue is less than \$15,000, you may remit the payment annually by January 25. This reporting form must still be remitted each month.

Any tax not remitted by the 25th day of the month due is subject to a 5% penalty.

Please send your check made payable to the *Town of Clover* to: ATTN: Hospitality Tax, Town of Clover, PO Box 1060, Clover, SC, 29710. Or deliver to Clover Town Hall at 116 Bethel Street.

The Reporting Form may be faxed to 803-222-6955.

Please reproduce this sheet and include it with your remittance to the Town.