**TOWN OF REIDVILLE**

**LOCAL HOSPITALITY TAX REPORTING FORM**

**Sales for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: or S.S. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Computation of Hospitality Tax Amount Due**:

|  |  |
| --- | --- |
| 1. Gross Sales of Food and/or Beverages | 1. |
| 2. Computation of 2% Local Hospitality Tax  (Line 1 x .02) | 2. |
| 3. Less Discount for Timely Filing  (Line 2 x .02) | 3. |
| 4. Plus Penalty if remitting after the 20th of  month (Line 2 x .05) | 4. |
| 5. Total Penalties: ( #Months Past Due) x  (Line 4) | 5. |
| 6. TOTAL LOCAL HOSPITALITY TAXES DUE  (Add Lines 2 and 3) or (Add Lines 2 and 5) | $ |

\*Late penalties will be charged based on the number of months the payment is past due. Payments are delinquent on the 21st of the following month. Local Hospitality taxes remaining unpaid 30 days after the due date will be turned over to the Business License Inspector for enforcement. This may include a Municipal Summons and/or revocation of the Business License.

I certify that all information on this form, including any attachments, is a true and accurate report.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Date Payment Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received By: \_\_\_\_\_\_\_\_\_\_\_