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LOCAL HOSPITALITY TAX
MONTHLY REPORTING FORM

MONTH OF _____ YEAR _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

FEDERAL ID# OR SSN#: _____

LOCAL HOSPITALITY TAX DUE TO CITY:

1. GROSS PROCEEDS FROM SALE OF FOOD/BEVERAGES \$ _____
2. CALCULATION OF 2% LOCAL HOSPITALITY TAX \$ _____
(LINE 1 X .02)
3. PENALTY OF REMITTING AFTER THE 20TH OF MONTH \$ _____
(LINE 2 X .10)
4. TOTAL LOCAL HOSPITALITY TAX DUE TO CITY \$ _____

THIS RETURN COVERS THE PERIOD THROUGH THE LAST DAY OF THE MONTH AND BECOMES DELINQUENT OF THE 21ST DAY OF THE FOLLOWING MONTH.

A PENALTY OF TEN PERCENT (10%) OF THE UNREMITTED FEES APPLIES TO EACH CALENDAR MONTH OR PORTION THEREOF AFTER THE DUE DATE UNTIL PAID.

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF KNOWLEDGE AND BELIEF, IT IS A TRUE AND ACCURATE RETURN.

SIGNATURE OF OWNER

NAME OF PERSON COMPLETING FORM

DATE

CONTACT NUMBER