



Local Hospitality Tax Reporting Form

Sales for the month of: _____

Business Name & Address:

F.E.I. or SS #: _____

Contact Name: _____

Contact Phone: _____

Filing Period: (Please check one) _____ Monthly _____ Quarterly _____ Annually

Computation of Hospitality Tax Amount Due:

1. Hospitality Tax \$ _____ x .02 <i>Gross sales of food/beverages</i>	\$ _____
2. Plus penalty for delinquent filing \$ _____ x .05 x _____ <i>Number of months late</i>	+ _____
3. Total Hospitality Tax Due	\$ _____

Important: City hospitality taxes that remain unpaid 30 days after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation.

I certify that the above information is true and accurate and that records are available to substantiate this information. I understand that no refunds will be issued.

Taxpayer Signature & Title _____ Date _____