



Town of Great Falls

2% Local Hospitality Tax Reporting Form

NAME OF BUSINESS: _____

Gross Receipts for the month of _____	2024
1. Total of all revenue received for all foods and beverages prepared for immediate consumption:	\$ _____
2. Multiply this amount by 2%:	2% x _____
3. Total amount to be remitted to Town of Great Falls:	\$ _____
4. Late Penalty: (Delinquent payment: include 5% of amount to be remitted if payment is made after the 20 th of the month.)	\$ _____
TOTAL DUE (Sum of lines 3 and 4):	\$ _____

The 2% Local Hospitality Tax is to be remitted to the Town of Great Falls on a monthly basis, along with the Reporting Form, *due on or before* the 20th day of the month and should cover the tax due for the previous month.

Mail Remittance and Reporting Form to:

Town of Great Falls
P.O. Box 177
Great Falls, S.C. 29055