



LOCAL HOSPITALITY TAX MONTHLY REPORTING FORM

MONTH OF _____ YEAR _____

Business Name: _____

Street Address: _____

Mailing Address: _____

Fed ID or SS# _____

Computation of Local Hospitality Tax Due to City:

- | | |
|--|-----------|
| 1. Gross proceeds from Sale of Food/Beverages | 1.) _____ |
| 2. Computation of 2% Local Hospitality Tax (Line 1 x .02) | 2.) _____ |
| 3. Penalty if remitting after 20 th of month (Line 2 x .10) | 3.) _____ |
| 4. TOTAL LOCAL HOSPITALITY TAX DUE TO CITY | 4.) _____ |

**This return covers the period through the last day of the month
and becomes delinquent on the 21st day of the following month.**

***PENALTY on delinquent remittance:**

A penalty of ten percent (10%) of the unremitted fees applies for each calendar month or portion thereof until paid (no cap).

****I hereby certify that I have examined this return and to the best of my knowledge and belief, it is a true and accurate return.****

Signature of Owner/Partner/Manager

Name of Person Completing Form

Date

Telephone Number