

**TOWN OF CLOVER  
HOSPITALITY TAX REPORTING FORM**

*To be sent in by the 20<sup>th</sup> of each month to the Town of Clover*

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

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

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reporting for: \_\_\_\_\_ (month & year)

Annual Gross Revenue: \$ \_\_\_\_\_ (estimate)

\*\*\*\*\*

To calculate the 2% Hospitality Tax, please use the formula below:

Total monthly revenue for all foods and beverages prepared for immediate consumption \$ \_\_\_\_\_

Multiply this number by 2% x \_\_\_\_\_ .02

Amount to be remitted to the Town of Clover (not the S.C. Department of Revenue) \$ \_\_\_\_\_

\*\*\*\*\*

If your Annual Gross Revenue is over \$30,000, remit the tax due along with this form by the 20<sup>th</sup> day of the month for the previous month's sales.

If your Annual Gross Revenue is between \$15,000 and \$30,000, you may remit the tax quarterly (January, April, July and October). This reporting form must still be remitted each month.

If your Annual Gross Revenue is less than \$15,000, you may remit the payment annually by January 20. This reporting form must still be remitted each month.

Any tax not remitted by the 20th day of the month due is subject to a 5% penalty.

**Please send your check made payable to the *Town of Clover* to: Town of Clover, ATTN: Hospitality Tax, PO Box 1060, Clover, South Carolina, 29710.**

**The Reporting Form may be faxed to 803-222-6955.**

Please reproduce this sheet and include it with your remittance to the Town.