

# City of Wellford, South Carolina

## Local Hospitality Tax Reporting Form

YEAR:  
2026-2027



Basis of Tax Remittance (Please check one):  Monthly  Quarterly  Annually

Hospitality Tax for Month(s):  Jan  Feb  March  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Federal ID or SS #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Computation of Hospitality Tax

- |   |                    |          |
|---|--------------------|----------|
| 1. Gross Sales of food and/or beverages:    |                    | \$ _____ |
| 2. Hospitality Tax Due:                     | Line 1 X 2% (.02): | \$ _____ |
| 3. *Late fee (per month): # of months _____ | Line 2 X 5% (.05): | \$ _____ |
| 4. Total Amount Due:                        | Line 2 + Line 3:   | \$ _____ |

**NOTICE: Under City Code 3-C & D, city hospitality taxes that remain unpaid for 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 all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Print Name: \_\_\_\_\_

Taxpayer Signature & Title: \_\_\_\_\_

**In Person:** Wellford City Hall, 307 Spartanburg Hwy, Wellford, SC 29385

**Mail to:** City of Wellford, Hospitality, P.O Box 99, Wellford, SC 29385

**No personal checks are accepted; Checks made out to: City of Wellford**

#### For Office Use Only:

License Number: \_\_\_\_\_ Business License Current:  Yes  No

Asses Late Fees: \_\_\_\_\_ Postmark Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

\*Payments must be made in office or postmarked by the 20<sup>th</sup> of the following month to avoid penalties. If the 20<sup>th</sup> falls on a weekend or city holiday, payments are due the next business day.