



**Town of Irmo, South Carolina Local  
Hospitality Tax Reporting Form  
Richland County**

Mail to: Town of Irmo, Hospitality Tax  
Post Office Box 406, Irmo, SC 29063

Hospitality Sales Tax Form for Month: \_\_\_\_\_

Business Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_  
(Please Print)

Mailing Address: \_\_\_\_\_ Fed. ID or SS #: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Monthly Hospitality Tax payments and this reporting form must be remitted to the Town of Irmo no later than the fifteenth (15th) day of the month. Any tax not remitted by the due day will be subject to a five percent (5%) penalty.**

**Computation of Hospitality Tax**

- |   |    |                                      |
|---|----|--------------------------------------|
| 1. Gross Sales of Food and/or Beverages   | 1. | \$ _____                             |
| 2. Gross Sales: _____ X 1% (.01)<br><i>From Line 1</i>  | 2. | \$ _____<br><i>(Hospitality Tax)</i> |
| 3. Late Fee <b>per month if not paid by due date</b><br>_____ X 5% (.05) X _____<br><i>H Tax From Line 2</i> <i>Number of months late</i> | 3. | \$ _____<br><i>(Late Fee)</i>        |
| 4. Total Local Hospitality Tax Due to Town of Irmo.<br><i>(Line 2 + Line 3)</i>   | 4. | \$ _____<br><i>(Total Due)</i>       |

**Important: Pursuant to the Town of Irmo Hospitality Tax Ordinance, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law, including but not limited to, ordinance summons.**

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name & Title \_\_\_\_\_

**For Office Use Only**

\_\_\_\_\_ Assess Late Fee Postmark Date \_\_\_\_\_