Hospitality Tax Booklet
2% Local Hospitality Tax
January 1, 2018 – December 31, 2018

City of Fountain Inn
200 N Main Street
Fountain Inn, SC 29644

www.fountaininn.org

Phone: (864)862-4421
Fax: (864)862-4812
November 6, 2017

Dear Business Owner:

The City of Fountain Inn is pleased to provide you with a Hospitality Tax payment booklet for 2018. In this booklet you will find the following information:

- A list of frequently asked questions regarding hospitality tax.
- A schedule of payments page to record your hospitality payments.
- A credit card authorization form.
- Pre-printed reporting forms for each month.
- Also please note, the 2009-006 amendment to Section 18-5 Fountain Inn Municipal Code in the “Fountain Inn Municipal Codes” section of the booklet.

We trust this booklet will be a useful tool in managing the Hospitality Taxes for your business. If you have questions concerning the Hospitality Tax program or need assistance with the reporting procedure, please contact Naomi Reed, Finance Director, at naomi.reed@fountaininn.org or (864)862-6474 or Sandra Woods, City Clerk, at sandra.woods@fountaininn.org or (864)862-0882.

Sincerely,
Naomi B. Reed
Finance Director
What is a local hospitality tax? The Fountain Inn City Council authorized the levy of a two percent (2%) local hospitality tax on prepared meals and/or beverages, inclusive of alcoholic beverages, beer and wine sold in establishments effective April 14, 2005.

Does the hospitality tax reduce my business earnings? No, the hospitality tax is similar to the state sales tax in that it is a pass through to the customer. As a business owner you will charge 2% for local hospitality taxes remitted to the City of Fountain Inn. See Section 18-5(c) of the Fountain Inn Municipal Code.

“Payment of the Local Hospitality Tax established herein shall be the liability of the consumer of the services. The tax shall be paid at the time of delivery of the services to which the tax applies, and shall be collected by the provider of the services. The city shall promulgate a form of return which shall be utilized by the provider of services to calculate the amount of Local Hospitality Tax collected and due. This form shall contain a sworn declaration as to the correctness thereof by the provider of the services.” Please note: Hospitality taxes collected from patrons should not be used as operating income for the business.

Where does this tax money go? The city is required to deposit the funds into a local hospitality tax fund maintained separately from the general fund in accordance with state law. The city’s use of hospitality tax funds is for tourism related activities and improvements.

What is the definition of an establishment responsible for local hospitality tax collections? An establishment shall mean any business, private club, or nonprofit institution other than a private club which has a fixed place of operations, or uses a mobile device on a regular basis, within the city and which from that location or device sells prepared meals and/or beverages inclusive of alcoholic beverages, beer, and wine, whether for on premises consumption, take out, or delivery. As used in this definition, nonprofit institution shall include any medical, educational, or social service facility which makes the service of prepared meals and beverages available for sale to the public at large on a regular basis.

Which business types are required to collect and remit this money to the city? Restaurants, bars and lounges, private clubs, hotels and motels, caterers, grocery stores, convenience stores (if they sell prepared or modified foods and/or beverages) and other food service establishments.

How will this tax be remitted to the City of Fountain Inn? This return IS DUE not later than the 20th day of the month following the period ending date, or on the next business day if the 20th is not a business day. The forms must be postmarked by the 20th day of the month following the closing date of the period for which the tax payment is to be remitted. For example, taxes collected in January 2018 must be postmarked by February 20, 2018. The tax must be remitted:

- On a monthly basis when the estimated amount of tax is more than $50.00 a month. The closing date is the last day of the month.
- On a quarterly basis when the estimated amount of tax is $25.00 to $50.00 per month. The closing dates are the last days of the months of March 2018, June 2018, September 2018 and December 2018.
- On an annual basis when the estimated amount of average tax is less than $25.00 a month. The closing
date is the last day of December 2018.

- **What is considered a prepared meal?** A prepared meal would be any food and/or beverage, inclusive of alcoholic beverages, beer and wine, prepared or modified by an establishment which at the time of sale is ready for consumption by members of the public, regardless of the actual quantity, presentation, or packaging, without regard to the time of day of the sale.

**What sales are affected by the Local Hospitality Tax?**

**Restaurants/Bars/Lounges/Private Clubs/Hotels/Motels/Caterers:** All food and/or beverage sales including alcoholic beverages.

**Convenience Stores, Grocery Stores, and Other Food Service Establishments:** All food and/or beverage sales prepared, modified and ready for consumption.

Some examples are:
- Heated foods (muffins, bagels, etc.)
- Oven ready pizzas (including the sale of individual slices)
- Nachos, hot dogs, sandwiches made to order or made in advance
- Oven fried or rotisserie chicken
- Hot and cold side items (e.g., vegetables, macaroni and cheese, mashed potatoes, potato salad, cole slaw etc…)
- Fountain drinks, frozen drinks dispensed from a fountain machine (e.g., smoothies), coffee, tea, hot chocolate, cappuccino
- Ice cream dipped or prepared in parlors, frozen yogurt
- Doughnuts, pastries, and other bakery items which are prepared or modified
- Prepared sandwiches and salads
- Foods and beverages prepared for catering
- Bulk or cold deli products “repackaged” for household consumption
- Party Platters
- Salads made on site
- Popcorn made on site

These items are **EXEMPT from the Local Hospitality Tax:**
- Canned or bottled drinks
- Pre-packaged foods – not prepared or modified
- Bags of chips, pretzels, nuts, candy or other pre-packaged snack food items
- Any alcohol, including beer and wine that is sold in cans or bottles and is not intended for consumption on the premises
- Whole fruit consolidated into a basket

**What happens if my hospitality tax form is postmarked after the 20th day following my closing period?** Returns with a **U.S. mail postmark date (not metered date)** on or before the date due are considered as timely filed. If the 20th day of the month falls on a Saturday, Sunday, postal service holiday or city holiday, then payments postmarked or made at City Hall on the next business day will be accepted as timely filed. A 1.5% late fee is imposed on the unpaid tax for each month, or portion thereof, after the due date until paid along with a $500 administrative fee.

**Can I pay my hospitality taxes with a credit card?** Yes. Please complete the credit card authorization form (included in this booklet) and mail or fax it to our office. You will need to submit the credit card form every time you choose to pay with a credit card. Please note: The hospitality tax reporting form must be completed and submitted to the Finance Department before the charge will be processed.
Where should I send my hospitality tax payments? The reporting form and payment should be delivered or mailed to:

City of Fountain Inn  
Attn: Hospitality Tax  
200 N Main St  
Fountain Inn, SC 29644

What happens if I lose my booklet? If you lose your booklet please visit our website at [www.fountaininn.org](http://www.fountaininn.org) and download the forms for the remainder of the year or contact Fountain Inn City Hall at (864)862-4421. Booklets will be mailed to businesses each January.

How long do I need to keep my records? Every business required to remit taxes shall maintain books and records showing the taxes due for a period of five years after the tax is due. The City of Fountain Inn, shall have access to these books and records to assure compliance with the city code.

What happens if I fail to make the required hospitality tax payments? Local hospitality taxes remaining unpaid after the due date will be sent a Notification of Hospitality Tax Violation. The city may proceed with all available procedures under the law including, but is not limited to, a Municipal Summons to appear in Municipal Court, and/or revocation of an establishment’s business license. See Section 1-10 of the Fountain Inn Municipal Code.

“Whenever in this Code or in any ordinance of the city or in any ordinance of the city or in any rule, regulation or order promulgated by any officer or agency of the city under authority duly vested in him or it, any act is prohibited or is made or declared to be unlawful or an offense or a misdemeanor, or whenever in such Code or ordinance or rule or regulation or order the doing of an act is required or this failure to do any act is declared to be unlawful or offense, where no specific penalty is provided therefor, the violation of any such provisions of this Code or any such ordinance or rule, regulation or order shall be punished by a penalty as provided in S.C. Code 1976, Section 5-7-30; provided such penalty shall not exceed the penalty provided by state law for a similar offense. Except where otherwise provided, each day any violation of any provision of this Code or of any ordinance, rule, regulation or order shall continue shall constitute a separate offense.”

If I own more than one business that is required to remit hospitality taxes, do I have to send a separate check for each location? No, one check for all locations will be acceptable. However, please submit a separate hospitality tax form for each location, and mail the check and forms together.
## City of Fountain Inn, South Carolina
### Local Hospitality Tax
#### Summary of Payments

<table>
<thead>
<tr>
<th>Taxes Collected During Month</th>
<th>Postmarked by Due Date</th>
<th>Amount Paid</th>
<th>Check Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2018</td>
<td>February 20, 2018</td>
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<td>March 20, 2018</td>
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City of Fountain Inn
200 N. Main Street • Fountain Inn, SC 29644
Phone: 864-862-0882 • Fax: 864-862-4812

Credit Card Authorization Form

This form must be filled out completely.
The City of Fountain accepts the following credit cards: Visa, MasterCard, and Discover.

Name/Business: _____________________________________________ Purpose: ____________________________

Cardholder Signature: _____________________________ Date: ____________________________

By signing this document I authorize the City of Fountain Inn to charge my credit card for the purpose listed above. Furthermore, I authorize the City of Fountain Inn to verify the information listed above and agree to hold the City of Fountain Inn harmless of any dispute with the company issuing the credit card used for this transaction. This authorization is valid for this transaction only and bottom portion of this form will be destroyed when the transaction is complete.

A convenience fee of 3% will be charged for credit card payments on $1,000 and up.

Cardholder Information

Billing Address: __________________________________________________________________________

City: _____________________________ State: _______ Zip: _____________________________

Cardholder’s Phone Number: (___________________) __________________________________________________________________________

IMPORTANT: If you plan to send this authorization by e-mail, DO NOT include your credit card number below, but call to provide the information securely. If faxing, mailing or hand-delivering this form, your credit card number may be included.

Credit Card Type (circle one): Visa Mastercard Discover

Card Number: ________________________________________________

3 Digit Security Code: _____________________________ Expiration Date: __________ / ________
**LOCAL HOSPITALITY TAX RETURN JANUARY 2018**

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:**

**EIN/SSN:**

**PERIOD BEGINNING:** __________  **PERIOD ENDING:** __________

**Month/Day/Year**  **Month/Day/Year**

**IMPORTANT:** This return IS DUE *not later than* the 20th day of the month following the period ending date, or on the next business day if the 20th is not a business day.

1. **Gross Proceeds derived from sales of prepared meals and beverages**
2. **Tax Rate**  
   
3. **Total Tax Due**  
   
4. **Interest due if tax is not paid by the 20th:** 1 1/2% per month (18% per annum) (Line 3 X .015 X Number of Months Late)
5. **$500 Administrative fee if tax is not paid by the 20th**
6. **Total Due (Add lines 3, 4 & 5)**

---

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

**Taxpayer Signature**  
**Title**  
**Date**

**Print Signature**

---

**MAIL TO:**  
CITY OF FOUNTAIN INN  
200 NORTH MAIN STREET  
FOUNTAIN INN, SC 29644
**LOCAL HOSPITALITY TAX RETURN FEBRUARY 2018**

**BUSINESS NAME:** ________________________________

**BUSINESS ADDRESS:** ________________________________

**BUSINESS PHONE:** ________________________________
**EMAIL:** ________________________________

**CONTACT PERSON & TITLE:** ________________________________

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:** ________________________________

**EIN/SSN:** ________________________________

**PERIOD BEGINNING:** _____________ **PERIOD ENDING:** _____________

**Month/Day/Year** **Month/Day/Year**

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_________________________  ___________________________  _____________
Taxpayer Signature  Title  Date

_________________________
Print Signature

**MAIL TO:**
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
BUSINESS NAME: ____________________________________________

BUSINESS ADDRESS: _________________________________________

BUSINESS PHONE: ____________________________________________
EMAIL: ______________________________________________________

CONTACT PERSON & TITLE: ____________________________________

RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:
EIN/SSN: ____________________________________________________

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Taxpayer Signature  Title  Date

Print Signature

MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
LOCAL HOSPITALITY TAX RETURN APRIL 2018

BUSINESS NAME: ____________________________________________

BUSINESS ADDRESS: __________________________________________

BUSINESS PHONE: ____________________________________________

EMAIL: ______________________________________________________

CONTACT PERSON & TITLE: ________________________________

RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER: ________________________________

EIN/SSN: __________________________________________________

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   X .02

3. Total Tax Due

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   Taxpayer Signature ________________________________ Title ________________________________ Date ________________________________

Print Signature

MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
**LOCAL HOSPITALITY TAX RETURN MAY 2018**

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:**

**EIN/SSN:**

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**MAIL TO:**

CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
# LOCAL HOSPITALITY TAX RETURN JUNE 2018

| BUSINESS NAME: |  
| BUSINESS ADDRESS: |  
| BUSINESS PHONE: |  
| EMAIL: |  
| CONTACT PERSON & TITLE: |  
| RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER: |  
| EIN/SSN: |  
| PERIOD BEGINNING: | Period Ending: |  
| Month/Day/Year | Month/Day/Year |  

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MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
LOCAL HOSPITALITY TAX RETURN JULY 2018

BUSINESS NAME: ____________________________________________

BUSINESS ADDRESS: ____________________________________________

BUSINESS PHONE: ____________________________________________

EMAIL: ____________________________________________

CONTACT PERSON & TITLE: ____________________________________________

RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER: ______________________

EIN/SSN: ____________________________________________

PERIOD BEGINING: __________________________ PERIOD ENDING: __________________________
Month/Day/Year Month/Day/Year

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1. Gross Proceeds derived from sales of prepared meals and beverages

2. Tax Rate

3. Total Tax Due

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5. $500 Administrative fee if tax is not paid by the 20th

6. Total Due (Add lines 3, 4 & 5)

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

Taxpayer Signature __________________________ Title __________________________ Date __________________________

Print Signature __________________________

MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
# LOCAL HOSPITALITY TAX RETURN AUGUST 2018

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:**

**EIN/SSN:**

**PERIOD BEGINING:** ________________ **PERIOD ENDING:** ________________

**Month/Day/Year**  **Month/Day/Year**

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**Taxpayer Signature**

**Title**

**Date**

**Print Signature**

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**MAIL TO:**
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
**LOCAL HOSPITALITY TAX RETURN SEPTEMBER 2018**

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

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**Taxpayer Signature**

**Title**

**Date**

**Print Signature**

**MAIL TO:**

CITY OF FOUNTAIN INN

200 NORTH MAIN STREET

FOUNTAIN INN, SC 29644
# LOCAL HOSPITALITY TAX RETURN OCTOBER 2018

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:**

**EIN/SSN:**

**PERIOD BEGINNING:** ________ **PERIOD ENDING:** ________

**Month/Day/Year** **Month/Day/Year**

**IMPORTANT:** This return IS DUE *not later than* the 20th day of the month following the period ending date, or on the next business day if the 20th is not a business day.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Gross Proceeds derived from sales of prepared meals and beverages</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Tax Rate</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>Total Tax Due</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>Interest due if tax is not paid by the 20th: 1 1/8% per month (18% per annum) (Line 3 X .015 X Number of Months Late)</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>$500 Administrative fee if tax is not paid by the 20th</td>
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<td>Total Due (Add lines 3, 4 &amp; 5)</td>
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I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and complete return.

**Taxpayer Signature**

**Title**

**Date**

**Print Signature**

**MAIL TO:**

CITY OF FOUNTAIN INN

200 NORTH MAIN STREET

FOUNTAIN INN, SC 29644
LOCAL HOSPITALITY TAX RETURN NOVEMBER 2018

| BUSINESS NAME: |  |  |
| BUSINESS ADDRESS: |  |  |
| BUSINESS PHONE: |  |  |
| EMAIL: |  |  |

| CONTACT PERSON & TITLE: |  |
| RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER: |  |
| EIN/SSN: |  |

| PERIOD BEGINNING: | PERIOD ENDING: |
| Month/Day/Year | Month/Day/Year |

IMPORTANT: This return IS DUE not later than the 20th day of the month following the period ending date, or on the next business day if the 20th is not a business day.

1. Gross Proceeds derived from sales of prepared meals and beverages
2. Tax Rate
3. Total Tax Due
4. Interest due if tax is not paid by the 20th: 1 ½% per month (18% per annum) (Line 3 X .015 X Number of Months Late)
5. $500 Administrative fee if tax is not paid by the 20th
6. Total Due (Add lines 3, 4 & 5)

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

Taxpayer Signature __________________________ Title __________________________ Date ________________

Print Signature __________________________

MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644
**LOCAL HOSPITALITY TAX RETURN DECEMBER 2018**

**BUSINESS NAME:**

**BUSINESS ADDRESS:**

**BUSINESS PHONE:**

**EMAIL:**

**CONTACT PERSON & TITLE:**

**RETAIL LICENSE NUMBER or USE TAX REGISTRATION NUMBER:**

**EIN/SSN:**

**PERIOD BEGINNING:** ____________ **PERIOD ENDING:** ____________  
Month/Day/Year       Month/Day/Year

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**Print Signature**

**MAIL TO:**
CITY OF FOUNTAIN INN  
200 NORTH MAIN STREET  
FOUNTAIN INN, SC 29644