

CITY OF ANDERSON

601 South Main Street Anderson, SC 29624 (864) 231-2213

2% HOSPITALITY FEE

*****A COPY OF THE ST-3 (state sales tax form) MUST BE INCLUDED WITH THIS COUPON*****

MONTH OF: _____ DUE DATE: _____ CITY BUSINESS LICENSE ID # _____
(IN OFFICE OR U.S. POSTMARKED)

NAME, ADDRESS & PHONE #: _____ GROSS PROCEEDS \$ _____
_____ 2% OF GROSS PROCEEDS \$ _____
_____ 2% DISCOUNT (if pd by due date) -\$ _____
_____ 5% PENALTY (per mth if not pd by due date)+ \$ _____
_____ TOTAL DUE \$ _____

SIGNATURE: _____ (must be signed) 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.

IF YOU WISH TO PAY BY CREDIT CARD, PLEASE COMPLETE BACK OF THIS FORM

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