

# Town of Honea Path 2% Hospitality Tax Fee

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

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

\_\_\_\_\_  
Phone Number

Gross Proceeds.....	\$	_____
2% Hospitality Tax Fee.....	\$	_____
Plus 5% penalty per month if late.....	\$	_____
TOTAL DUE.....	\$	_____

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

\_\_\_\_\_  
Signature of Owner Date

Please remit payment to:      Town of Honea Path  
204 South Main Street  
Honea Path, SC 29654  
Phone: (864) 369-2466  
Fax: (864) 369-2325