

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