Dear Business Owner/Manager:

Re: 2% Hospitality Tax

This Town of Gaston Hospitality Tax remittance booklet contains preprinted remittance forms for each month and if needed, one spare remittance form for your convenience, hospitality fee general information, and a page listing some items which are included and which are exempt from the hospitality tax.

It is important to remember the following:

1. The Hospitality tax collection process for the month of _____ will be due by the following month _____ 20, 2026. Remittances will be due by the 20th of each month thereafter. If the 20th of the month falls on a weekend or a holiday, the Town will accept without penalty, payment on the following workday.

2. All remittances should include the correct monthly remittance form completed in detail with payment attached to the remittance form. **A copy of your corresponding monthly sales tax return (S.C. Department of Revenue Form ST-3 should also be enclosed with the remittance.)**

3. There is a 5% penalty each month that you are delinquent with your remittance. U.S. Postal marks are accepted for determining date received. Metered dates are not accepted for determining date received.

If you have questions concerning the Hospitality Tax Program or need assistance with the reporting procedure, please contact Gaston Town Hall to obtain assistance.

Sincerely,

Town of Gaston
131 North Carlisle Street
Gaston, SC 29053

Town of Gaston

2% Hospitality Tax

Monthly Reporting Form

_____

Month Ending

Name and Address of Business:

_____

_____

_____

Filing Period: Month_____ Year_____

F.E.I. or S.S.#: _____

Contact Name: _____

Contact Phone: _____

HOSPITALITY FEE COMPUTATION

1.	**Gross Proceeds for all prepared food or beverages**	1. _____
2.	**Tax**	2. _____
3.	**Penalty on Delinquent Taxes (5%) (.05) of the unpaid fee for each month or portion After due date until paid.**	3. _____
4.	**Total Hospitality Tax Due (Add lines 2 and 3)**	4. _____

IMPORTANT: This return becomes **DELINQUENT** if it is not postmarked on or before the 20th day following the close of the period.

REMINDER: Sign and date the return below. Attach copy, both front and back of SC Department of Revenue State Sales and Use Tax Return, Form ST-3.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief, I understand that the Town of Gaston assesses penalties for making false or fraudulent statements on the reporting form.

Signature: _____ Date: _____

Owner, Partner or Title: _____

Email: _____

Mailing Address: _____

Mail To: Town of Gaston, PO Box 429, Gaston, SC 29053