Florence County Hospitality Tax Form

A 2% Hospitality Tax should be applied to the gross proceeds of sales of prepared food and beverages sold in eating/drinking establishments located within the unincorporated areas of Florence County, as well as within the municipal limits of Quinby, Coward, Scranton, Lake City, Olanta and Johnsonville.

A 1% Hospitality Tax should be applied to the gross proceeds of sales of prepared food and beverages sold in eating/drinking establishments located within the municipal limits of Timmonsville. Establishments located in the boundaries of the City of Florence and the Town of Pamplico are currently remitting hospitality tax to their municipality and are not required to remit the county hospitality tax.

Hospitality Tax Calculation

1. Gross Sales of Prepared Food and /or Beverages: 1. ____________________________

2. Computation of Local Hospitality Tax Due by 20th: 2. ____________________________
    a. Unincorporated Area (Line 1 x .02)
       (Florence County) a. ____________________________
    b. Municipalities (Line 1 x .02)
       (Applies to Quinby, Coward, Scranton, Lake City, Olanta and Johnsonville City Limits Only) b. ____________________________
    c. Municipalities (Line 1 x .01)
       (Applies to Timmonsville City Limits Only) c. ____________________________

3. Penalty if remitting after the 20th of month (Line 2 x .05*): 3. ____________________________

TOTAL LOCAL HOSPITALITY TAXES DUE: $ ____________________________

*Per Florence County Ordinance, a 2% or 1% local hospitality tax on the gross proceeds from the sales of food and/or beverages must be remitted each month to Florence County. The tax is due by the 20th of the following month. Failure to pay on time carries a 5% per month penalty.

This coupon must accompany payment of taxes for proper credit.

Please enclose a check payable to the Florence County Finance Department and mail to the following address:

Florence County
180 N. Irby Street, MSC-H
Florence, South Carolina 29501

Business Name: ____________________________
Taxpayer's Signature: ____________________________ Date: ____________________________
Telephone: ____________________________
Account #: ____________________________ Filing Period: ____________________________