



Hospitality Fee Monthly Reporting Form

Name & Address of Business:	Filing Period: MonthYear
	FEI or SS#:
	Contact Name:
	Contact Phone:
COMPUTATION OF HOSPITALITY	FEE AMOUNT DUE:
1. Hospitality Fee \$	X .02 = \$
Gross Proceeds from sale	e of food/beverages Total Due
2. Penalties	
Failure to File <i>(\$150.00)</i>	\$
	sed on the 21st of each month if the report has , even if no tax is to be collected.
Failure to Pay <i>(5% of the total hospitality</i>	\$ tax owed or \$150.00)
- Payments not received \$150 penalty (whichev	d by the 20 th of each month will receive a 5% or er is greater) on the 21 st of each month for the y does NOT go by postmarks.
3. TOTAL HOSPITALITY TAX DUE	\$
e hospitality tax fee owed above covers the pe comes delinquent after the 20 th day of the follo	
ertify that all the information stated above is tr d belief. I understand that the City of Westmins audulent statements on this reporting form.	
led By:	Date: