

TOWN OF WILLIAMSTON

P.O. Box 70 • Williamston, SC 29697

2% HOSPITALITY FEE

MONTH:

20__

DATE DUE:

20, 20__

ACCOUNT#:

NAME & ADDRESS

SIGNATURE _____

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE AND COMPLETE RETURN.

GROSS PROCEEDS

\$ _____

2% OF GROSS PROCEEDS

\$ _____

+5% PENALTY PER MO. (IF LATE)

\$ _____

TOTAL DUE

\$ _____