Voucher No. 01	Voucher No. JANUARY 2025	Due Date FEB. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date FEB. 20, 2025	CITY OF GOOSI	E CREEK	\$
	HOSPITALIT	TY TAX	Multiply sales by 2% \$
Check No.			Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name: Contact Name: Mailing Address:		This coupon must accompany payment of
Amount	City: Sta	te: Zip:	Tax for proper credit.
\$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek
	ignature(Failure to pay on time carries a 5° nent to: City of Goose Creek, Hospitality		p to \$500) 1768, Goose Creek, South Carolina 29445
Remit paym	(Failure to pay on time carries a 50		
Remit paym	(Failure to pay on time carries a 5° nent to: City of Goose Creek, Hospitality Voucher No.	Tax Division, P.O. Drawer Due Date MAR. 20, 2025	1768, Goose Creek, South Carolina 29445 Gross Proceeds
Remit paym Voucher No. 02 Due Date	Voucher No. FEBRUARY 2025	Due Date MAR. 20, 2025	1768, Goose Creek, South Carolina 29445 Gross Proceeds From the Meals, Food and Beverages
Remit paym Voucher No. 02 Due Date	(Failure to pay on time carries a 5° nent to: City of Goose Creek, Hospitality Voucher No. FEBRUARY 2025	Due Date MAR. 20, 2025	1768, Goose Creek, South Carolina 29445 Gross Proceeds From the Meals, Food and Beverages \$
Remit paym Voucher No. Due Date MAR. 20, 2025	Voucher No. FEBRUARY 2025	Due Date MAR. 20, 2025	Gross Proceeds From the Meals, Food and Beverages \$ Multiply sales by 2% \$
Remit paym Voucher No. Due Date MAR. 20, 2025	Voucher No. FEBRUARY 2025 CITY OF GOOSI HOSPITALI Customer # Business Name: Contact Name: Mailing Address:	Tax Division, P.O. Drawer Due Date MAR. 20, 2025 E CREEK TY TAX	Gross Proceeds From the Meals, Food and Beverages \$ Multiply sales by 2% \$ Penalty \$
Remit paym Voucher No. 02 Due Date MAR. 20, 2025 Check No.	Voucher No. FEBRUARY 2025 CITY OF GOOSI HOSPITALI Customer # Business Name: Contact Name: Mailing Address:	Due Date MAR. 20, 2025	Gross Proceeds From the Meals, Food and Beverages \$ Multiply sales by 2% \$ Penalty \$ TOTAL DUE \$ This coupon must accompany payment

Remit payment to: City of Goose Creek, Hospitality Tax Division, P.O. Drawer 1768, Goose Creek, South Carolina 29445

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Voucher No. 03	Voucher No. MARCH 2025	Due Date ARP. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date APR. 20, 2025	CITY OF GOO	SE CREEK	\$
	HOSPITAL	ITY TAX	Multiply sales by 2% \$
Check No.	Customer #		Penalty \$
Date Paid	Business Name: Contact Name: Mailing Address; City:	tate: Zip:	This coupon must accompany payment of Tax for proper credit.
Amount \$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek
Remit payn	nent to: City of Goose Creek, Hospitalit	y Tax Division, P.O. Drawer 1	768, Goose Creek, South Carolina 29445
Voucher No. 04	Voucher No. APRIL 2025	Due Date MAY. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date MAY 20, 2025	CITY OF GOOS		\$
Check No.	HOSPITALI Customer #	ITIAX	Multiply sales by 2% \$ Penalty \$ TOTAL DUE \$
Date Paid	Business Name: Contact Name: Mailing Address: City:	tate: Zip:	This coupon must accompany payment of Tax for proper credit.
Amount \$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek

Remit payment to: City of Goose Creek, Hospitality Tax Division ,P.O. Drawer 1768, Goose Creek, South Carolina 29445

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Signature_

Voucher No. 05	Voucher No. MAY 2025		ue Date UN. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date JUN. 20, 2025	CITY OF GO			\$ Multiply sales by 2% \$
	HOSPITA	LITY 1	ΓΑΧ	
Check No.				Penalty \$
	Customer#			TOTAL DUE \$
Date Paid	Business Name: Contact Name: Mailing Address:			This coupon must accompany payment of Tax for proper credit.
Amount	City:	State:	Zip:	Make checks payable to:
\$	PROPERTY ADDRESS:			City of Goose Creek
Voucher No. 06	Voucher No. JUNE 2025		ue Date UL. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date			,	\$
JUL. 20, 2025	CITY OF GO			Multiply sales by 2% \$
Check No.	11001117			TOTAL DUE \$
	Customer #			101AL DOE \$
Date Paid	Business Name: Contact Name:			This coupon must accompany payment of Tax for proper credit.
Amount	Mailing Address: City:	State:	Zip:	Make checks payable to: City of Goose Creek
\$	PROPERTY ADDRESS:			
S	ignature(Failure to pay on time car	ries a 5% per mo	nth penalty and fines u	o to \$500)

Voucher No.	Voucher No. JULY 2025	Due Date AUG. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date AUG. 20, 2025	CITY OF GOOSE	CREEK	\$
	HOSPITALIT	Y TAX	Multiply sales by 2% \$
Check No.			Penalty \$
	Customer #		TOTAL DUE \$
Date Paid Amount	Business Name: Contact Name: Mailing Address: City:	ate: Zip:	This coupon must accompany payment of Tax for proper credit.
\$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek
Voucher No.	Voucher No.	Due Date	Gross Proceeds From the Meals, Food and Beverages
08	AUGUST 2025	SEPT. 20, 2025	
Due Date SEPT. 20, 2025	CITY OF GOOSE CREEK		\$
	HOSPITALI	TY TAX	Multiply sales by 2% \$
Check No.			Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name: Contact Name: Mailing Address: City:	ate: Zip:	This coupon must accompany payment of Tax for proper credit.
Amount \$	PROPERTY ADDRESS:	·	Make checks payable to: City of Goose Creek

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Signature_

Voucher No. 09	Voucher No. SEPTEMBER 202	Due Date OCT. 20, 202	Gross Proceeds From the Meals, Food and Beverages
Due Date OCT. 20, 2025	CITY OF GOOS	E CREEK	\$
	HOSPITALI [*]	ГҮ ТАХ	Multiply sales by 2% \$
Check No.			Penalty \$
	Customer #		TOTAL DUE \$
Date Paid	Business Name: Contact Name: Mailing Address: City: St	ate: Zip:	This coupon must accompany payment of Tax for proper credit.
Amount			Make checks payable to:
\$	PROPERTY ADDRESS:		City of Goose Creek
Voucher No. 10	Voucher No. OCTOBER 2025	Due Date NOV. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date NOV. 20, 2025	CITY OF GOOS	E CREEK	3
	HOSPITALI [*]	ГҮ ТАХ	\$
Check No.			Multiply sales by 2% \$
	Customer #		Penalty \$
Date Paid	Business Name: Contact Name: Mailing Address:		TOTAL DUE \$
	_	ate: Zip:	This coupon must accompany payment of Tax for proper credit.
Amount			Make checks payable to:
\$	PROPERTY ADDRESS:		City of Goose Creek
S	ignature		

Remit payment to: City of Goose Creek, Hospitality Tax Division, P.O. Drawer 1768, Goose Creek, South Carolina 29445

(Failure to pay on time carries a 5% per month penalty and fines up to \$500)

Voucher No. 11	Voucher No. NOVEMBER 202	Due Date 5 DEC. 20, 2025	Gross Proceeds From the Meals, Food and Beverages
Due Date DEC. 20, 2025	CITY OF GOO	SE CREEK	
	HOSPITAL	ITY TAX	\$
Check No.			Multiply sales by 2% \$
	Customer#		Penalty \$
Date Paid	Business Name: Contact Name:		TOTAL DUE \$
Amount	Mailing Address: City:	State: Zip:	This coupon must accompany payment of Tax for proper credit.
\$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek
Voucher No.	Voucher No.	Due Date	
12	DECEMBER 202	25 JAN. 20, 2026	Gross Proceeds From the Meals, Food and Beverages
Due Date JAN. 20, 2026	CITY OF GOO	SE CREEK	
	HOSPITAL	ITY TAX	\$
Check No.			Multiply sales by 2% \$
	Customer#		Penalty \$
Date Paid	Business Name: Contact Name:		TOTAL DUE \$
Amount	Mailing Address: City:	State: Zip:	This coupon must accompany payment of Tax for proper credit.
\$	PROPERTY ADDRESS:		Make checks payable to: City of Goose Creek

Remit payment to: City of Goose Creek, Hospitality Tax Division, P.O. Drawer 1768, Goose Creek, South Carolina 29445