



Accommodation Fee Remittance Form

Anderson County, South Carolina

REMIT TO:

Anderson County Finance Department
ATTN: Accommodation Fees
PO Box 8002
Anderson, SC 29622

BUSINESS NAME & ADDRESS:

Return for Month & Year of: _____

- | | |
|---|-------------|
| 1) Gross Proceeds of Sales covered by
Accommodation Fees: | 1) \$ _____ |
| 2) Allowable deduction of 30-day continuous rentals
AND/OR meeting/conference rooms: | 2) \$ _____ |
| 3) Other allowable deductions: | 3) \$ _____ |
| 4) Adjusted Gross <i>(subtract lines 2 and 3 from line 1):</i> | 4) \$ _____ |
| 5) Balance due <i>(multiply line 4 by 3% [AG x .03]):</i> | 5) \$ _____ |
| 6) Penalty, if applicable <i>(multiply line 5 by 5% [BD x .05]
if not filed and paid by the 20th day of the following month):</i> | 6) \$ _____ |
| 7) Total Accommodation Fee & Penalty due
<i>(add lines 5 & 6):</i> | 7) \$ _____ |

IMPORTANT: This return covers the reporting period above and becomes delinquent if not filed on or before the **20th day** of the following month. The late penalty shall be 5% of the balance due on line (4), per month, up to a maximum of 100% of the balance due (line 4). Violators may be subject to a \$500 penalty.

**I hereby certify that I have examined this remittance form and it is, to the best of my knowledge,
a true and complete return for the period mentioned above.**

Signed: _____

Date: _____

Title: _____

******* Please include a signed & dated check for payment of the amount due
(Make checks payable to: Anderson County)**

AND

a copy of your State of SC Sales, Use, Accommodations and Local Tax Form (Form ST-388).

If you have questions, please call us at (864) 964-6520 - OR - (864) 260-4710.

Email: AFee@AndersonCountySC.org