

ACCOMMODATIONS FEE REMITTANCE FORM

Anderson County, South Carolina

<p><u>Business Name and Address</u></p>
--

<p><u>Business License Number</u> (if applicable)</p> <p><u>SC Sales Tax Number</u></p>
--

Return for Month/Year of : _____

1) Gross proceeds of Sales covered by Accommodations Fee	\$ _____
2) Allowable deduction of meeting and conference rooms, and/or 30-day continuous rentals	\$ _____
3) Other allowable deductions	\$ _____
4) Adjusted Gross (Subtract line 2 and 3 from line 1)	\$ _____
5) Balance Due (Multiply line 3 by 3% [.03])	\$ _____
6) Penalty (5% if not filed and paid by the 20th day of the following month)	\$ _____
7) Total Accommodations Fee and Penalty Due (add line 5 and line 6)	\$ _____

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 (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.

Signature: _____

Date: _____

Title: _____

Have you:

1) Included a copy of the State of SC Sales, Use Accommodations and Local Tax Form (Form ST-388)?

1) Included a signed and dated check for payment of amount due?

Checks should be made payable to:

**Anderson County Accommodations Fee
ATT: Accommodations Fee Remittance
Post Office Box 8002
Anderson, South Carolina 29622**