ACCOMMODATION FEE

CITY OF SIMPSONVILLE
118 N.E. MAIN ST.
SIMPSONVILLE, S.C. 29681

Business Name **Business Address** **Contact Person**

_____

Retail License Number or Tax Reg. Number **EIN/SSN** **Date**

_____

IMPORTANT: This return covers the period through the last day of The month & becomes DELINQUENT on the 21st day of the following month.

1. **Gross proceeds derived from sales of rental/charges for Accommodations.** _____

2. **Tax Rate 3%** _____

3. **Total Tax Due** _____

4. **PENALTY OF 1.5% PER MONTH OUTSTANDING, PLUS $500.00 ADMINISTRATION FEE.**

5. **Total Due (add line 3&4)** _____

This return report Local Accommodations for the month of _____

I hereby certify that I have examined this return & to the best of my knowledge & belief it is a true and complete return.

Taxpayer Signature _____ **Owner or Title** _____

Date _____