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TOWN OF SURFSIDE BEACH
Accommodations Tax Form for Transient
Accommodations

<u>D/B/A Name and Address</u> <u>Hosp. Acct.</u> <u>No.FEI or SSNo.</u>	For Office Use Only: Postmark Date: _____
Property location if different from above	Period Ending or Quarter Ending: PLEASE COMPLETE _____

Filing Status: Monthly Quarterly Annually 28 Day Period Dates _____ ◀ (28 Day filers: **List Dates!**)

Check here if final return: Reason: (check one) Last filing for the calendar year Business closed/sold on _____

New Owner is: _____

LOCAL ACCOMMODATIONS TAX

1. Gross Proceeds from **Rental of Transient Accommodations** _____ . _____

2. Accommodations Tax Line 1 x .3% (.03) ▶ _____ . _____

3. **Penalty 5 % per month** Line 2 x 5% (.05) ▶ _____ . _____
- Add penalty of 5% for each month your return is late.**

4. Discount for returns filed timely Line 2 x 2% (.02) ▶ (_____ . _____)

5. **Total Accommodations Tax** /-) lines 2 through 4 ▶ \$ _____ . _____

For Office Use Only
Balance/Credit

This return becomes delinquent if it is postmarked after the 20th day following the close of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief

Taxpayer's Signature _____ Date _____

Telephone _____