



115 Hwy 17 N
 Surfside Beach, SC 29575
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 hospitality@surfsidebeach.org

TOWN OF SURFSIDE BEACH Accommodations/Hospitality Tax Form

<u>D/B/A Name and Address</u>	<u>Account Number</u>	For Office Use Only: Postmark Date: _____ Check # _____ Check Amount _____
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: _____

HOSPITALITY/LOCAL ACCOMMODATIONS TAX

- | | | | |
|--|--------------------------------|------------|--|
| 1. Gross Proceeds from Rental of Transient Accommodations | | \$ _____ | |
| 2. Hospitality Tax | Line 1 x 1% | \$ _____ | |
| 3. Accommodations Tax | Line 1 x .50% | \$ _____ | |
| 4. Total Gross Tax | (Add Lines 2 & 3) | \$ _____ | |
| 5. Add penalty of 5% for each month your return is late. | Line 4 x 5% | \$ _____ | |
| 6. Discount of 2% for returns filed timely | Line 4 x 2% | (\$ _____) | |
| 7. Total Accommodations Tax Due | (+/-) Lines 4 through 6 | \$ _____ | |

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 _____