# TOWN OF SURFSIDE BEACH
## Hospitality Fee & Accommodations Tax Form

**D/B/A Name and Address**

**Hosp. Acct.**

**No.FEI or SSNo.**

**For Office Use Only:**

- Postmark Date: 
- Check #: 

**Property location if different from above**

**Period Ending or Quarter Ending:**

**Filing Status:**

- [ ] Monthly
- [ ] Quarterly
- [ ] Annually
- [ ] 28 Day

**For Office Use Only**

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

New Owner is: _____________________________________________________________

## PART I: HOSPITALITY FEE

1. Gross Proceeds from **Sale of Food /Beverages**

2. Gross Proceeds from **Rental of Transient Accommodations**

3. Gross Proceeds from Paid Admissions and/or Amusements

4. Total Gross Proceeds (add lines 1, 2, and 3)

5. **Hospitality Fee** Line 4 x 1% (.01)

   **Penalty –5% per month** Line 5 x 5% (.05)

   **Add penalty of 5% for each month your return is late.**

   **Discount for returns filed timely** Line 5 x 2% (.02)

   **Do not take a discount for any return which is filed late. May not be taken when a penalty is due.**

6. Total Hospitality Fee (Add lines 5 through 7) $ ____________

## PART II: LOCAL ACCOMMODATIONS TAX

7. Accommodations Tax Line 2 x .5%(.005)

8. **Penalty –5% per month** Line 9 x 5% (.05)

   **Add penalty of 5% for each month your return is late.**

   **Discount for returns filed timely** Line 9 x 2% (.02)

   **Do not take a discount for any return which is filed late. May not be taken when a penalty is due.**

9. Total Accommodations Tax (Add lines 9 through 11) $ ____________

**TOTAL AMOUNT DUE** (Add lines 8 and 12) $ ____________

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 __________________________