



210 Hwy 17 S  
 Surfside Beach, SC 29575  
 (843)913-6342 Fax (843)238-5432  
 hospitality@surfsidebeach.org

## TOWN OF SURFSIDE BEACH Accommodations/Hospitality Tax Form

<u>D/B/A Name and Address</u>	<u>Account Number</u>	<b>For Office Use Only:</b> Postmark Date: _____ Check # _____ Check Amount _____
Property location if different from above		<b>Period Ending or Quarter Ending: PLEASE COMPLETE</b> _____

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

**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 \_\_\_\_\_