

Georgetown County, South Carolina
Local Hospitality/Local Accommodation Tax
Reporting Form (please print or type)

Copy of SC Sales & Use Tax Return Form ST-3 or ST-388, ST-3T & ST-389 MUST accompany this return.

- Check if change of address Date Changed _____
- Check if new business Date Opened _____
- Business Permanently Closed Date Closed _____

<i>Business Name</i>		<i>Customer Number</i>
<i>Owners Name</i>		<i>Phone Number</i>
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Business Address (IF DIFFERENT from Mailing Address)</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Complete ONE of the following to show what SALES PERIOD You Are Reporting.

Month _____ Year _____

Quarter _____ Year _____

Annual _____ Year _____

<u>Federal Identification No.</u>
<u>SSN (if no Federal Identification No.)</u>
<u>SC Sales & Use Tax No.</u>

Email Address: _____

COMPUTATION OF TAXES

Local Hospitality Tax

- | | Line # |
|---|------------|
| 1. Gross Proceeds from Sales (excluding taxes) | 1. _____ . |
| 2. Less: Retail Sales NOT Subject to Hospitality Tax (example T-shirts, hats, etc.) | 2. _____ . |
| 3. Food and Beverage Sales Subject to Hospitality Tax (Line 1 less Line 2) | 3. _____ . |
| 4. Local Hospitality Tax Due: Line 3 times 2% (or .02 or two percent) | 4. _____ . |

Local Accommodations Tax

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|--|-------------|
| 5. Gross Proceeds from Sales Subject to Accommodation Tax (excluding taxes) | 5. _____ . |
| 6. Less: Rentals Thirty (30) or More Days NOT Subject to Local Accommodation Tax | 6. _____ . |
| 7. Rentals Subject to Local Accommodation Tax (Line 5 less Line 6) | 7. _____ . |
| 8. Local Accommodation Tax Due: Line 7 times 3% (or .03 or three percent) | 8. _____ . |
| 9. Taxes Due (Line 4 + Line 8) | 9. _____ . |
| 10. Penalty on Delinquent Taxes: Line 9 times 5% each month late | 10. _____ . |

IMPORTANT: This return covers the period through the last day of the month & becomes DELINQUENT if payment is POSTMARKED by US POSTAL SERVICE or PRIVATE CARRIER AFTER the 20th day of the following month.

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| 11. TOTAL AMOUNT DUE (Line 9 + Line 10) | 11. _____ . |
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Make Check Payable To: Georgetown County

Mail to: Georgetown County Finance Dept.
Hospitality/Accommodations Taxes
P.O. Box 421270-1270
Georgetown, SC 29442

Call If Questions: 843-545-3065

"I certify that I have examined this REPORTING FORM, and it is true and correct to the best of my knowledge".

Signature	Position	Phone No.	Date
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