



**COUNTY OF GREENVILLE
ACCOMMODATIONS FEE RETURN**

Mail To: Greenville County Treasurer's Office
 ATTN: Tina Payne
 301 University Ridge, Suite 600
 Greenville, SC 29601

Fee for month of: _____

| HOTEL'S LOCAL NAME AND TAX ADDRESS/CONTACT PERSON | RETAIL LICENSE NO. OR | FED ID. OR SS NUMBER OR USE REGISTRATION NUMBER |
|---|-----------------------|---|
| | | |
| IF AREA IS BLANK, FILL IN NAME, ADDRESS AND INFORMATION ABOVE | | |

IMPORTANT: This return covers the period through the last day of the month and becomes **DELINQUENT** on the 21st day of the following month.

| | | |
|----|---|-------|
| 1. | Net Accommodations Amount (From Line 11 "Net Taxable Sales" of Form ST-338 (Sales, Use, Accommodations, and Local Option Tax Return)) | |
| 2. | Fee Rate | X .03 |
| 3. | Total Fee Due | |
| 4. | Penalty (2% of the fee due for each month outstanding) | |
| 5. | Total Due (Add lines 3 and 4) | |

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and complete return.

 Taxpayer Signature _____
 Owner, Partner or Title

 Date