



**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.	Gross Accommodations Collections	
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