



**BLYTHEWOOD**  
• SOUTH CAROLINA •

# LOCAL ACCOMMODATIONS TAX FEE REMITTANCE FORM

Ordinance No. 6.308

Business Name & Mailing Address:

Federal I.D. \_\_\_\_\_

SC Retail Tax # \_\_\_\_\_

THIS RETURN REPORTS FOR

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

## Computation of Accommodations Tax Fee:

Gross Proceeds of Sales Covered by Accommodations Tax Fee

Balance Due: (Line 1 multiplied by 3%)

Penalty (5% if not received by 21<sup>st</sup> day of the following Month)

**Total Accommodations Tax and Penalty Due**

**IMPORTANT:** THIS RETURN COVERS THE REPORTING PERIOD LISTED ABOVE AND BECOMES DELINQUENT ON THE 21<sup>ST</sup> DAY OF THE FOLLOWING MONTH. ANY TAX NOT RECEIVED BY THE TOWN BY THE 21<sup>ST</sup> DAY OF THE FOLLOWING MONTH SHALL BE SUBJECT TO A LATE PENALTY OF 5% OF THE SUM OWED AND SHALL CONTINUE TO INCUR A MONTHLY PENALTY OF FIVE (5%) PERCENT IF NOT RECEIVED BY THE 21<sup>ST</sup> DAY OF EACH AND EVERY MONTH THEREAFTER UNTIL PAID IN FULL.

I hereby certify that I have examined this remittance form and, to the best of my knowledge, it is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Mail to: Town of Blythewood  
P. O. Box 1004  
Blythewood, SC 29016

FOR OFFICIAL USE ONLY

Payment Received

7/27/2017