



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%) \$0.00

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

Total Accommodations Tax and Penalty Due \$0.00

IMPORTANT: THIS RETURN COVERS THE REPORTING PERIOD LISTED ABOVE AND BECOMES DELINQUENT ON THE 21ST DAY OF THE FOLLOWING MONTH. ANY TAX NOT RECEIVED BY THE TOWN BY THE 21ST 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 21ST 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