



Local Accommodations and Hospitality Tax Monthly Reporting Form

Business Name & Address: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
DBA: _____
FEI or SSN: _____
Contact Name: _____
Phone Number: _____

Report For: Month: _____ Year: _____ Business ID No. _____

Computation of Accommodations and Hospitality Tax Amount Due:

1. Gross proceeds from the Sale of Food/Beverages	
2. Computation of Hospitality Tax (Line 1 x .02)	=
3. Gross proceeds from Rental of Transient Accommodations	
4. Computation of Accommodations Tax (Line 3 x .03)	=
5. Total Tax (Line 2 + Line 4)	=
6. Penalty on delinquent tax if applicable (Line 4 x .05 per month)	+
7. TOTAL ACCOMMODATIONS AND HOSPITALITY TAX DUE	\$

Please enclose check with this form.

This return covers the period through the last day of the month and becomes delinquent on the 21st day of the following month. Any tax not received by the 20th day of the following month shall be subject to a late penalty of 5% of the sum owed for each month or portion thereof until paid.

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

Signature: _____ Date: _____

Mail to: Town of Santee
Post Office Box 424
Santee, SC 29142

For Official Use:	Received:	Check No.:
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