

TOWN OF SURFSIDE BEACH Hospitality Fee & Accommodations Tax Form

115 Hwy 17 N Surfside Beach, SC 29575 (843)913-6342 Fax (843)238-5432 hospitality@surfsidebeach.org

D/B/A Name and Address Hos	o. Acct. No.FEI or SSNo.	For Office Use Only:	
		Postmark Date:	
		Check #	
Property location if different from above		Period Ending or Quarter Ending:	
Filing Status: Monthly	Quarterly Annually	28 Day Period Dates_	(28 Day filers: List Date s
Check here if final return: Reason: (cl	heck one) Last filing for the calend	ar year Business closed/sold on	_ , ,
New Owner is:			
PART I: HOSPITALITY FEE			
 Gross Proceeds from Sale of Fo Gross Proceeds from Rental of 	_		For Office Use Only
3. Gross Proceeds from Paid Adm	nissions and/or Amusements		
4. Total Gross Proceeds (add lines	1,2, and 3)		
5. <u>Hospitality Fee</u>	Line 4 x 1% (.01) ▶		
6. Penalty –5% per month	Line 5 x 5% (.05) ▶		
• •	ch month your return is late.	<u> </u>	
7. Discount for returns filed timely	Line 5 x 2% (.02) ▶	(
Do not take a discount fo	r any return which is filed late. N	May not be taken when a penalty is due.	
8. Total Hospitality Fee	(Add lines 5 through 7)	\$	
		oceeds from transient accommodations.	
PART II: LOCAL ACCOMMODA			
9. Accommodations Tax	Line 2 x $.5\%(.005)$	·	
10. Penalty –5 % per month Add penalty of 5% for e	Line 9 x 5% (.05) ► ach month your return is late	·	
11. Discount for returns filed tim	nely Line 9 x 2% (.02) ▶	() y not be taken when a penalty is due.	
12. Total Accommodations Tax	(Add lines 9 through 11)	\$	
TOTAL AMOUNT DUE	(Add lines 8 and 12)	\$	
		day following the close of the period. d accurate to the best of my knowledge and be	Balance/Credit

Taxpayer's Signature______ Date_____ Telephone_