

City of Georgetown

Local Hospitality / Local Accommodations Tax Return

Mail To: City of Georgetown
Hospitality/Accommodations Taxes
P.O. Drawer 939
Georgetown, SC 29442

For Office Use Only

Name & Address
(place label here)

Business Location
(if different from above)

Check One:

Monthly Return _____

Quarterly Return _____

Annual Return _____

Sales for Period Ending:

Month _____ Year _____

Fed I.D. No. _____ City Business License No. _____

Social Security No. (if no Fed I.D. No.) _____

South Carolina Sales & Use Tax No. _____

Check if Applicable:

Address Change _____

Final return _____

Computation of Taxes

Local Hospitality Tax

- 1 Gross Proceeds on Food and Beverage Sales Subject to Tax 1
- 2. Amount Due: Line 1 x 2% (.02) 2.

Local Accommodations Tax

- 3. Gross Proceeds of Accommodations Rentals/Charges Subject to Tax 3.
- 4. Amount Due: Line 3 x 3% (.03) 4. _____

Total Taxes Due

5. Total Taxes Due: (Line 2 + Line 4) 5. _____ .

6. Penalty on Taxes Remitted after Due Date (5% per month - see instructions) 6. _____ .

7. Total Taxes and Penalties Due: (Line 5 + Line 6) 7. _____ .

NOTE: Taxes become delinquent and subject to penalties on the 21st day following the close of the reporting period.

Signature	Position or Title	Date	Telephone No.
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