



CITY OF BEAUFORT

302 Carteret Street PO Drawer 1167
Beaufort, SC 29901 - 1167

Phone:843/525-7025

FAX 843/525-7013

LOCAL ACCOMMODATIONS FEE

Business Name/Address

Account Number _____

For Sales in _____
Month Year

Computation of Fee

- 1. Gross proceeds of sales covered by
Local Accommodations Fee \$ _____
- 2. Fee due (Line 1 x 3%) \$ _____
- 3. Penalty
(10% if not received by the 20th of the month following report month) \$ _____
- 4. Additional penalties
(10% on the 21st of each month thereafter until paid) \$ _____
- 5. **Total Local Accommodations Fee & Penalty Due** \$ _____

NOTE: Payment is due on or before the 20th of the month following the "Sales" month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the "gross proceeds of sales covered by Local Accommodations Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature

Print Name

Phone Date _____