



Local Accommodations and Hospitality Tax Reporting Form

Business Name: _____ Filing Period: _____
 Address: _____ Month: _____

 Contact Name: _____ Quarter: _____ Year: _____
 Phone Number: _____ F.E.I. or SS#: _____

COMPUTATION OF TAX AMOUNT DUE		
1. Hospitality Tax	\$ _____ x .02 Gross proceeds from sales of food and beverages	\$ _____
2. Accommodations Tax	\$ _____ x .02 Gross proceeds from providing accommodations	\$ _____
3. Penalty for Delinquent Filing*	\$ _____ x .05 Total of above from right column	\$ _____
TOTAL HOSPITALITY TAX DUE		\$ _____

*- IF APPLICABLE, there is a penalty of 5% of the unpaid tax for each month or portion thereof after the due date, until paid.

This return covers the period through the last day of the: MONTH (if more than \$50 per month)
QUARTER (if between \$25-\$50 per month)
YEAR (if less than \$25 per month)

Any unfiled return will become delinquent after the 20th day of the following month.

I certify that all information stated above is true and accurate to the best of my knowledge and belief. I further understand that the City of Greer assesses penalties for false or fraudulent statements on this reporting form.

Filed by (signature): _____ Date: _____

SUBMIT RETURN TO: Finance Department
 Greer City Hall
 301 E. Poinsett St.
 Greer, SC 29651