



**ACCOMMODATION FEE**

**CITY OF SIMPSONVILLE  
118 N.E. MAIN ST.  
SIMPSONVILLE, S.C. 29681**

**Business Name                      Business Address                      Contact Person**

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**Retail License Number or                      EIN/SSN                      Contact Phone #  
Tax Reg. Number**

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**IMPORTANT: This return covers the period through the last day of  
The month & becomes DELINQUENT on the 21<sup>st</sup> day of the  
following month.**

**1. Gross proceeds derived from sales of rental/charges for  
Accommodations.** \_\_\_\_\_

**2. Tax Rate 3%** \_\_\_\_\_

**3. Total Tax Due** \_\_\_\_\_

**4. PENALTY OF 1.5% PER MONTH OUTSTANDING,  
PLUS \$500.00 ADMINISTRATION FEE.**

**5. Total Due (add line 3&4)** \_\_\_\_\_

**This return report Local Accommodations for the month of** \_\_\_\_\_

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

**Taxpayer Signature** \_\_\_\_\_ **Owner or Title** \_\_\_\_\_

**Date** \_\_\_\_\_