

# CITY OF UNION

P.O. BOX 987, UNION, SC 29379 \* 864-429-1717

## LOCAL HOSPITALITY AND ACCOMMODATIONS FEE MONTHLY REPORTING FORM

Business Name:	_____
Business Location:	_____
Business Mailing Address:	_____
	_____
E-Mail Address:	_____
FED ID# or SS#:	_____

SALES FOR:
Month of _____
Year _____

City Business Lic. # _____
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### Computation of Local Hospitality & Accommodations Fee Amount Due to City:

- |   |                         |
|---|-------------------------|
| 1. Gross Proceeds from the Sale of Food / Beverages   | 1. _____                |
| 2. Computation of 1% Local Hospitality Fee (Line 1 X .01)   | 2. _____                |
| 3. Gross Proceeds from Rental of Transient Accommodations   | 3. _____                |
| 4. Computation of 2% Local Accommodations Fee (Line 3 X .02)  | 4. _____                |
| 5. Subtotal Local Hospitality & Accommodations Fees Due<br>(Sum of Lines 2 & 4)                               | 5. <input type="text"/> |
| 6. Penalty of Delinquent Remittance (Line 5 X 5% per Month*)  | 6. _____                |
| <b>7. TOTAL LOCAL HOSPITALITY &amp; ACCOMMODATIONS<br/>FEES DUE TO CITY OF UNION (Sum of Lines 5 &amp; 6)</b> | 7. <input type="text"/> |

Enclose check with this return.

**This return covers the period through the last day of the month and  
becomes delinquent on the 21<sup>st</sup> day of the following month.**

\*Penalty on delinquent remittance: A penalty of five percent (5%) of the unpaid fees applies for each calendar month or portion thereof after the due date until paid.

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and accurate return.	
_____ Signature	_____ Owner, Partner or Title
_____ Date	_____ Telephone Number