



# Local Accommodations Tax Payment Form

Month ending: \_\_\_\_\_

City of Hartsville  
PO Drawer 2497  
Hartsville SC 29551  
Phone: (813) 383-3015 Fax: (813) 383-3040

## Local Accommodations Tax Computation

Name and Address of Business: \_\_\_\_\_ Filing Period: Month \_\_\_\_\_ Year \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

1. Gross Proceeds: Transient Accommodations: \_\_\_\_\_ Line 1  
2. Local Accommodations Tax \_\_\_\_\_ Line 2  
Line 1 X 3% (.03)  
3. Taxpayer's discount (For timely filed returns only) \_\_\_\_\_ Line 3  
Line 2 X 2% (.02)  
4. Local Accommodations Tax Net Payment Amount \_\_\_\_\_ Line 4  
(Line 2 minus Line 3)  
5. Penalty on Delinquent Fees \_\_\_\_\_ Line 5  
Line 4 X 10% (.10)  
6. Total Accommodations Tax Due \_\_\_\_\_ Line 6  
(Line 4 plus Line 5)

**Important:** This return becomes **DELINQUENT** if it is postmarked after the 20th day of the month following the close of the period.

**Reminder:** Sign and date the return below.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner, Partner or Title: \_\_\_\_\_