



**HORRY COUNTY, SOUTH CAROLINA  
HOSPITALITY FEE/LOCAL ACCOMMODATIONS TAX  
Yearly - Reporting Form**  
(For Businesses Outside the City Limits Only)

This return reports Sales for:

Month	Year
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Account Number:  
Business Name:  
Location Address:

Federal ID or SSN:
Retail License No. 026-

Computation of Hospitality Fee / Local Accommodations Tax amounts due:

- |   |  |               |                                    |                           |                  |
|---|--|---------------|------------------------------------|---------------------------|------------------|
| 1. Gross proceeds from <b>Sale of Food/Beverages</b>  | \$ _____ . _____                                 | <b>X 2.5%</b> | (.025) =                           | <b>1.</b>                 | \$ _____ . _____ |
| 2. Gross proceeds from <b>Rental of Transient Accommodations</b><br>(Includes Local Accommodations Tax: 1/2% County)  | \$ _____ . _____                                 | <b>X 3%</b>   | (.03) =                            | <b>2.</b>                 | \$ _____ . _____ |
| 3. Gross proceeds from <b>Paid Admissions and/or Amusements</b>   | \$ _____ . _____                                 | <b>X 2.5%</b> | (.025) =                           | <b>3.</b>                 | \$ _____ . _____ |
| <b>4. Totals</b>  | <b>(A) Gross proceeds = 4A.</b> \$ _____ . _____ |               |                                    | <b>(B) Fees Due = 4B.</b> | \$ _____ . _____ |
| 5. Penalty on Delinquent Fees<br>(Add a penalty of ten (10) percent if payment is <b>postmarked by the U S Postal Service after</b> the 20th of the month due.<br>An additional ten (10) percent (total of 20%) applies if payment is postmarked after the end of the month due.) |  |               | (Line 4B x .10) or (Line 4B x .20) | <b>5.</b>                 | \$ _____ . _____ |
| <b>6. TOTAL FEES DUE</b>  |  |               | (Line 4B + Line 5)                 | <b>6.</b>                 | \$ _____ . _____ |

**ENCLOSE CHECK PAYABLE TO: HORRY COUNTY TREASURER'S OFFICE, PO BOX 1275, CONWAY, SC 29528**

Please do not staple check to remittance form.

This return covers the period through the last day of the month.

Taxpayer's Signature	Phone Number	Date
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This information represents a true and accurate statement.