COUNTY OF GREENVILLE
ACCOMMODATIONS FEE RETURN

Mail To: Greenville County Treasurer’s Office
ATTN: Tina Payne
301 University Ridge, Suite N-2000
Greenville, SC 29601

Fee for month of: ____________________________

HOTEL’S LOCAL NAME AND
TAX
ADDRESS/CONTACT PERSON
RETAIL LICENSE NO. OR FED ID. OR SS NUMBER OR USE
REGISTRATION NUMBER

IMPORTANT: This return covers the period through the last day of the
month and becomes DELINQUENT on the 21st day of the following month.

1. Gross Accommodations Collections

2. Fee Rate
X .03

3. Total Fee Due

4. Penalty (2% of the fee due for each month outstanding)

5. Total Due (Add lines 3 and 4)

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

Taxpayer Signature ____________________________
Owner, Partner or Title ____________________________

Date ____________________________