CountY of Greenville
Accommodations Fee Return

Mail To: Greenville County Treasurer’s Office
ATTN: Tina Payne
301 University Ridge, Suite 600
Greenville, SC 29601

<table>
<thead>
<tr>
<th>Hotel's Local Name and Tax Address/Contact Person</th>
<th>Retail License No. or Fed Id. or SS Number or Use Tax Registration Number</th>
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</thead>
</table>

If area is blank, fill in name, address and information above

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