



PHONE: (843) 525-7025

FAX: (843) 470-3517

CITY OF BEAUFORT
1911 Boundary Street
Beaufort, SC 29902

ACCOMMODATIONS FEE

Business Name/Address

Account Number _____

For Sales in _____
Month Year

Computation of Fee

1. Gross proceeds of sales covered by Accommodation Fee \$ _____
2. Fee due (Line 1 x 3%) \$ _____
3. Penalty \$ _____
(10% if not received by the 20th of the month following report month)
4. Additional penalties \$ _____
(10% on the 21st of each month thereafter until paid)
5. **Total Accommodation Fee & Penalty Due** \$=====

Note: Payment is due on or before the 20th of the month following the "Sales" month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the "gross proceeds of sales covered by Hospitality Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature

Print Name

Phone

Date