



Local Accommodations Tax Payment Form

Month ending: _____

City of Hartsville
PO Drawer 2497
Hartsville SC 29551
Phone: (843) 383-3015 Fax: (843) 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: _____