

**CITY OF TRAVELERS REST
LOCAL ACCOMMODATIONS TAX RETURN**

Remit to:
City of Travelers Rest
125 Trailblazer Drive
Travelers Rest, SC 29690

Name of Business: _____

Address of Business: _____

Phone Number: _____

Contact Person: _____

Retail License Number: _____

EIN or SSN: _____

For Period Ending: _____

Important Note: 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 Proceeds derived from rentals	
2.	Tax Rate	X .03
3.	Total Tax Due	
4.	Penalty (5% of the fee due to each month outstanding)	
5.	Total Due (Add lines 3 & 4)	

I hereby certify that I have examined this return and to the best of my knowledge and believe it a true and complete return of Local Accommodations Taxes generated at my place of business for the Month of _____, 20____ .

Taxpayer Signature

Title

Date