

**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: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Retail License Number: \_\_\_\_\_

EIN or SSN: \_\_\_\_\_

For Period Ending: \_\_\_\_\_

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*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.*

For Period Ending: \_\_\_\_\_

1.	Gross Proceeds derived from rentals	
2.	Tax Rate	X .03
3.	Total Tax due	
4.	Penalty (5% of the fee due for each outstanding month)	
5.	Total due (add lines 3 & 4)	

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

\_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer Signature

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