



**CITY OF CONWAY
LOCAL
ACCOMMODATIONS TAX**

Business Name:

Address:

Fei No. _____

Sales & Use Lic. No. _____

THIS RETURN REPORTS SALES FOR _____

Gross or total sales reported to SC Department of Revenue on sales tax return \$ _____

COMPUTATION OF ACCOMMODATIONS FEE

- 1. **Gross Proceeds of sales subject to accommodations fee** _____
- 2. **Accommodations fee due (line 1 X .005)** _____
- 3. **Penalty (10% if paid after the 20th day following period end)** _____
- 4. **Total fee and penalty due (line 2 + line 3) (PAY THIS AMOUNT)** \$ _____

IMPORTANT

This report becomes delinquent on the 21st day following the end of the reporting period.

I CERTIFY THE ABOVE IS A TRUE AND CORRECT STATEMENT.

Signature

Title

Date

Telephone no.

mail to:
CITY OF CONWAY
Accommodations Tax
P.O. Box 1075
Conway, South Carolina 29528