



**city of
greenville**

REVENUE - 001

LOCAL ACCOMMODATIONS TAX RETURN

Mail To: City of Greenville
Revenue Department
PO Box 2207
Greenville, SC 29602-2207

Retail License Number or Use Tax Registration Number	FEI Number or SS Number	Period Ended
If area is blank, fill in name and information above		

Important: This return covers the period through the last day of the month and becomes **DELINQUENT** on the 21st day of the following month.

1.	Net Accommodations Amount (From Line 3, Column C, State Sales, Use Accommodations and Local Option Tax Return Form ST-388)	
2.	Fee Rate	X .03
3.	Total Fee Due	
4.	Penalty (2% of the Fee due for each month outstanding)	
5.	Total Due (Add line 3 and 4)	

This return reports Local Accommodations Taxes for the month of _____

I hereby certify that all the information state above is true and accurate to the best of my knowledge and belief.

Tax payer signature _____

Owner, Partner or Title _____

Daytime Phone Number _____

Date _____

For Office Use Only
