Georgetown County, South Carolina
Local Hospitality/Local Accommodation Tax

Reporting Form (please print or type)

Copy of SC Sales & Use Tax Return Form ST-3 or ST-388, ST-3T & ST-389 MUST accompany this return.

☐ Check if change of address  ☐ Check if new business  ☐ Business Permanently Closed
Date Changed_____________ Date Opened_____________ Date Closed_____________

Business Name ___________________________ Customer Number __________________

Owners Name ___________________________ Phone Number __________________

Mailing Address ___________________________

City __________________ State _______ Zip Code _______

Business Address (IF DIFFERENT from Mailing Address)

City __________________ State _______ Zip Code _______

Email Address:____________________________________

Local Hospitality Tax

1. Gross Proceeds from Sales (excluding taxes) Line #
2. Less: Retail Sales NOT Subject to Hospitality Tax (example T-shirts, hats, etc.)
3. Food and Beverage Sales Subject to Hospitality Tax (Line 1 less Line 2)
4. Local Hospitality Tax Due: Line 3 times 2% (or .02 or two percent)

Local Accommodations Tax

5. Gross Proceeds from Sales Subject to Accommodation Tax (excluding taxes)
6. Less: Rentals Thirty (30) or More Days NOT Subject to Local Accommodation Tax
7. Rentals Subject to Local Accommodation Tax (Line 5 less Line 6)
8. Local Accommodation Tax Due: Line 7 times 3% (or .03 or three percent)
9. Taxes Due (Line 4 + Line 8)
10. Penalty on Delinquent Taxes: Line 9 times 5% each month late

IMPORTANT: This return covers the period through the last day of the month & becomes DELINQUENT if payment is POSTMARKED by US POSTAL SERVICE or PRIVATE CARRIER AFTER the 20th day of the following month.

11. TOTAL AMOUNT DUE (Line 9 + Line 10)

Make Payable To:  Georgetown County Finance Dept. Georgetown County, SC 29442
Mail to:  Hospitality/ Accommodations Taxes  P.O. Box 421270-1270
Call If Questions: 843-545-3065

"I certify that I have examined this REPORTING FORM, and it is true and correct to the best of my knowledge".

Signature ___________________________ Position ___________________________ Phone No. ___________________________

Revised 6/15