



## CITY OF HARDEEVILLE

205 East Main Street  
P.O. Box 609  
Hardeeville, SC 29927  
Phone: 843-784-2231  
Fax: 843-784-6384

### LOCAL ACCOMMODATIONS FEE

Business Name/Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

For Sales In \_\_\_\_\_  
Month                      Year

#### Computation of Fee

1. Gross proceeds of sales covered by  
Local Accommodations Fee \$ \_\_\_\_\_
2. Fee Due (Line 1 x 3%) \$ \_\_\_\_\_
3. Penalty (10% if not received by the 20<sup>th</sup>  
of the Month following report month) \$ \_\_\_\_\_
4. Additional penalties (10% on the 21<sup>st</sup>  
of each month thereafter until paid) \$ \_\_\_\_\_
5. Total Local Accommodations Fee and  
Penalty Due \$ \_\_\_\_\_

NOTE: Payment is due on or before the 20<sup>th</sup> of the month following the "Sales" month shown above. A 10% penalty shall be added on the 21<sup>st</sup> day of each month following that date until paid.

I hereby certify, under penalty of the Law, that the "gross proceeds of sales covered by Local Accommodations Fee" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date