



200 N. Main Street ~ Fountain Inn, SC 29644 ~ 864-862-4421 Fax 864-862-4812  
[www.fountaininn.org](http://www.fountaininn.org)

## LOCAL ACCOMMODATIONS TAX RETURN

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PERSON & TITLE: \_\_\_\_\_

RETAIL LICENSE NUMBER or  
 USE TAX REGISTRATION NUMBER: \_\_\_\_\_

EIN/SSN: \_\_\_\_\_

PERIOD BEGINING: \_\_\_\_\_ PERIOD ENDING: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**IMPORTANT:** This return **IS DUE on the 20<sup>th</sup> day of the month** of the month following the period ending date, or on the next business day if the 20<sup>th</sup> is not a business day.

1.	Gross Proceeds derived from the rental or charges for accommodations	
2.	Tax Rate	X .03
3.	Total Tax Due	
4.	Penalty: 5% penalty fee due for each month outstanding	
5.	Total Due (Add lines 3, & 4)	

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and complete return.

\_\_\_\_\_  
 Taxpayer Signature Title Date

\_\_\_\_\_  
 Print Signature

MAIL TO:  
 CITY OF FOUNTAIN INN  
 200 NORTH MAIN STREET  
 FOUNTAIN INN, SC 29644