

Mail To:
 City of Myrtle Beach
 Hospitality Fee
 P.O. Box 2468
 Myrtle Beach, SC 29578
 (843) 918-1200 Fax (843) 918-1210
 www.cityofmyrtlebeach.com

CITY OF MYRTLE BEACH

Hospitality Fee and Local Accommodations Tax Reporting Form



<u>D/B/A Name and Location Address</u>	<u>Hosp. Acct No.</u>	<u>FEI or SS No.</u>
	<u>Bus. Lic. No.</u>	<u>SC Retail No.</u>
	Business Start Date _____	

Period	File On or Before

Quarterly Filers: Use reports labeled Period 1, 2, 3, & 4

28 Day Filers: Write period start and end dates on report.

FOR OFFICE USE ONLY

Filing Status: ___ Monthly ___ Quarterly ___ 28 Day **Period Dates** _____
 If your business has closed or changed ownership, please complete all that apply:

1. Date business closed: _____
2. Date changed ownership: _____
3. New owner is: _____
4. Name of new business if known: _____

-----HOSPITALITY FEE-----

REPORT IN WHOLE DOLLARS

1. Gross Proceeds: Food and Beverages	1		.	
2. Gross Proceeds: Transient Accommodations	2		.	
3. Gross Proceeds: Paid Admissions	3		.	
4. Total Gross Proceeds (Add lines 1, 2 and 3)	4		.	
5. Hospitality Fee Line 4 x 1% (.01) ▶	5		.	
6. 10% Penalty Line 5 x 10% (.10) ▶	6		.	
7. Total Hospitality Fee Due (Add Lines 5 and 6)	7		.	

-----LOCAL ACCOMMODATIONS TAX-----

Only complete this section if you have gross proceeds on line 2 from transient accommodations.

8. Accommodations Tax Line 2 x .5% (.005) ▶	8		.	
9. Penalty 2% per month Line 8 x _____% ▶	9		.	
10. Total Accommodations Tax (Add Lines 8 and 9)	10		.	
11. Balance Due from Period _____ Year _____	11		.	
12. Overpayment from Period _____ Year _____	12	()	.	
13. TOTAL AMOUNT DUE (Add lines 7, 10, & 11, minus 12) Enclose payment with report. Please do not staple.	13		.	

Postmark	
CK#	
Hosp Fee	
Hosp Pen	
Sub Total	
ATax	
ATax Pen	
Sub Total	
TOTAL	
Ck Amt	()
HF Credit	()
ATax Credit	()
Hosp Fee	
Hosp Pen	
A Tax	
ATax Pen	
TOTAL	
DUE / CREDIT	

IMPORTANT ▶ This return becomes **DELINQUENT** if it is postmarked after the 20th day following the end of the period.
 I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

Taxpayer's Signature	Title	Telephone	Date
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