



COUNTY OF SUMTER
LOCAL ACCOMMODATIONS FEE
MONTHLY REPORTING FORM

Please print or type:

Name and address of business:

Filing period: Month _____ Year _____

FEI or SS # _____

Contact name: _____

Contact phone: _____

LOCAL ACCOMMODATIONS FEE CALCULATION

1. Gross proceeds from the rental or charge for accommodations _____
2. Fee: 3% of line 1: _____
3. Penalty on delinquent fees
(5% of the unpaid fee for each month) _____
4. Total Local Accommodations Fee Due:
(add lines 2 and 3) _____

Please make checks payable to:

**Sumter County Government
Attention: Local Accommodations Fee
13 East Canal Street
Sumter, South Carolina 29150**

IMPORTANT: This return becomes delinquent if it is postmarked after the 20th day following the close of the period.

REMINDER: Sign and date the return below. Attach copy, both front and back, of SC Department of Revenue State Sales, Use, and Accommodations Tax Return, Form ST-388.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the County of Sumter assesses penalties for making false or fraudulent statements on this reporting form.

Signature: _____

Date: _____

Title: _____