

**County of Union**  
**LOCAL ACCOMMODATIONS TAX RETURN**  
**Supervisor's Office, 210 W. Main Street, Union, S. C. 29379 Phone (864) 429-1600**

For Month Ending \_\_\_\_\_

Return and Payment Due \_\_\_\_\_

Hotel Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gross Proceeds of Sale from the Rental of  
Transient Accommodations \$ \_\_\_\_\_

Local Accommodations Tax Rate 1%

Total Net Tax Due (Tax Rate x Gross Proceeds) \$ \_\_\_\_\_

Plus 5% Penalty Per Month (if not paid by the 20th) \$ \_\_\_\_\_

Total Local Accommodations Tax Due  
(including Penalty if applicable) \$ \_\_\_\_\_

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

Taxpayer's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Contact information for questions regarding this return.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Important: This return and the tax due becomes DELINQUENT if not received or postmarked by the 20th day following the close of the period. Sign and date the return.

For questions regarding this form, call the Supervisor's Office at (864) 429-1600.

Make checks payable to: County of Union  
and mail to: Union County Supervisor's Office  
210 W. Main Street  
Union, S. C. 29379

**COUNTY OF UNION**

**210 W. MAIN STREET**

**UNION, S.C. 29379**

**Phone: (864) 429-1600**

**Local Hospitality Tax**

**NMAE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MONTH:** \_\_\_\_\_

**DUE DATE:** \_\_\_\_\_

**TOTAL GROSS PROCEEDS ON FOOD AND/OR BEVERAGES** \$ \_\_\_\_\_

**1% OF GROSS PROCEEDS** \$ \_\_\_\_\_

**PLUS 5% PENALTY PER MONTH (if late)** \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

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.