

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.

