

Mail To:

City of Myrtle Beach
 Hospitality Fee
 P.O. Box 2468
 Myrtle Beach, SC 29578
 (843) 918-1200 Fax (843) 918-1137
 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>
	<u>Business Start Date</u> _____	

Period Ended	File On or Before

Quarterly Filers: Use reports labeled March, June, September, & December

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

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: _____

FOR OFFICE USE ONLY

Postmark	_____
CK#	_____
Hosp Fee	_____
Hosp Pen	_____
Sub Total	_____
ATax	_____
ATax Pen	_____
Sub Total	_____
TOTAL	_____
Ck Amt	()
HF Credit	()
ATax Credit	()
Hosp Due	_____
Hosp Pen Due	_____
Credit or Bal Due	_____
ATax Due	_____
ATax Pen Due	_____
Credit or Bal Due	_____
TOTAL Credit/Bal	_____

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

REPORT IN WHOLE DOLLARS

1. Gross Proceeds: Food and Beverages	1	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
2. Gross Proceeds: Transient Accommodations	2	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
3. Gross Proceeds: Paid Admissions	3	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
4. Total Gross Proceeds (Add lines 1, 2 and 3)	4	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
5. Hospitality Fee Line 4 x 1% (.01) ▶	5	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
6. 10% Penalty Line 5 x 10% (.10) ▶	6	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
7. Total Hospitality Fee Due (Add Lines 5 and 6)	7	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>

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

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

8. Accommodations Tax Line 2 x .5% (.005) ▶	8	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
9. Penalty 2% per month Line 8 x _____% ▶	9	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
10. Total Accommodations Tax (Add Lines 8 and 9)	10	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
11. SUBTOTAL (Add Lines 7 and 10)	11	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
12. Credit or Balance Due from Period ___ Year ___	12	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>
13. TOTAL AMOUNT DUE (Add lines 7, 10, and 12)	13	<input style="width:95%;" type="text"/>	.	<input style="width:95%;" type="text"/>

IMPORTANT ▶ Enclose payment with report. Please do not staple.
 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