

**CITY OF SUMTER  
BUSINESS LICENSE  
12 West Liberty Street  
P.O. Box 1449  
Sumter, South Carolina 29151-1449**

(803)774-1601  
(803)774-1688(Fax)

**LOCAL ACCOMMODATIONS FEE**

Business Name & Address

Account #:

This return reports sales for:

Month \_\_\_\_\_ Year \_\_\_\_\_

Sumter, SC 29150

**Computation of Accommodations Fee**

1.	Gross proceeds from rentals	1.	_____
2.	Line 1 x 3% (.03)	2.	_____
3.	Balance Due	3.	_____
4.	Penalty (5% if not filed by due date)	4.	_____
5.	Additional 5% penalty as of the 21 <sup>st</sup> of each month or portion thereof after due date until paid	5.	_____
6.	<b>TOTAL ACCOMMODATION FEE &amp; PENALTY DUE 6.</b>		_____

**Check One Payment Options:**

- Payment is due by the 20<sup>th</sup> day of the month following collections when the estimated amount of average collections is more than \$50.00 a month (annual gross revenues in excess of \$20,000)
- Payment is due by the 20<sup>th</sup> day of January, April, July and October (Quarterly Basis) if the estimated average collection is between \$25.00 and \$50.00 a month (annual gross receipts between \$10,000 to \$20,000)
- Payment is due by the 20<sup>th</sup> day of January when average collection is less than \$25.00 a month (annual gross receipts less than \$10,000)

**Penalty:**

Any collections not remitted by the stated deadlines shall be subject to a penalty of five percent (5%) of the unpaid amount for each calendar month or portion thereof after the due date until paid.

I hereby certify, under penalty of law, that the "gross proceeds from rentals" figure shown above accurately reflects the total proceeds applicable to the fee that was received during the period of this report.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date