



# City of Easley

## LOCAL ACCOMMODATIONS TAX RETURN

Mail To: City of Easley  
Attn: Teresa Moore, Accounting Clerk  
PO Box 466  
Easley, SC 29642

| Retail License Number or<br>Use Tax Registration Number | FEI Number or SS Number | Period Ended |
|---|-------------------------|--------------|
| If area is blank, fill in name and information above    |                         |              |

**Important:** This return covers the period through the last day of the month and becomes DELINQUENT on the 21<sup>st</sup> day of the following month.

|    |  |        |
|----|--|--------|
| 1. | Net Accommodations Amount (From Line 3, Column C, State Sales, Use Accommodations and Local Option Tax Return Form ST-388) |        |
| 2. | Fee Rate   | X .015 |
| 3. | Total Fee Due  |        |
| 4. | Penalty (5% of the Fee due for each month outstanding)   |        |
| 5. | Total Due ( Add line 3 and 4)  |        |

This return reports Local Accommodations Taxes for the month of \_\_\_\_\_

I hereby certify that all the information state above is true and accurate to the best of my knowledge and belief.

Tax payer signature \_\_\_\_\_

Owner, Partner or Title \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Date \_\_\_\_\_

|                     |
|---------------------|
| For Office Use Only |
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