CITY OF WALHALLA

STATE OF SOUTH CAROLINA

LOCAL ACCOMODATIONS TAX REMITTANCE FORM

1) FEI N. or SS No.

Property Owner _____

Acommodation Name(s) _____

Accomodation Address _____

Telephone No. _____

2) Contact Name _____

Contact Address _____

Telephone No. _____

E-Mail Address _____

3) **AMOUNT OF LOCAL ACCOMMODATION TAX DUE TO CITY OF WALHALLA**

Reporting Period: _____

_____ Proceeds of sales from Rental Transient Acommodations (line 9 of form ST-388, State Return)

x _____ 3% Local Accommodations Tax Fee

_____ **Fee Due**

\+ _____ Penalty Due (5% of Fee Due if not paid by the 20th day of the month due or the next business day if the 20th is not a business day

_____ **Total Remittance**

4) Please sign and mail this form along with the remittance due and a copy of your SC Accommodations Tax Form (ST-388) to Walhalla City Hall, 105 W South Broad St, Walhalla, SC 29691

Payment can be made by cash, check or money order ONLY. Check should be made payable to the "City of Walhalla".

I hereby certify that I have examined this return and, to the best of my knowledge and belief, is a true and complete return

Taxpayer Signature: _____

Taxpayer Title: _____

Date of Remittance:

REMITTANCE GUIDELINES

Due Monthly if:	Estimated amount of average tax is more than fifty ($50) dollars a month
Due Quarterly if:	Estimated amount of average tax is between twenty-five ($25) to fifty ($50) dollars a month
Due Annually if:	Estimated amount of average tax is less than twenty-five ($25) dollars a month

You will not receive additional notification of payment due.
Please retain a copy of this form for your records. Additional copies will only be sent upon request.