



TOWN OF PORT ROYAL
700 Paris Avenue Post Office Drawer 9
Port Royal, South Carolina 29935

Phone: (843) 986-2209

FAX: (843) 986-2210

LOCAL ACCOMMODATIONS FEE

Business Name/Address _____ Account Number: _____

Month: _____ Year _____

Computation of Fee

1. Gross Proceeds of sales covered by Hospitality Fee \$ _____
2. Fee due (Line 1 x 3%) \$ _____
3. Penalty
(10% if not received by the 20th of the month following report month) \$ _____
4. Additional penalties
(10% on the 21st of each month thereafter until paid) \$ _____
5. **Total Accommodations Fee & Penalty Due** \$ _____

NOTE: Payment is due on or before the 20th of the month following the “Sales” month shown above. A 10% penalty shall be added on the 21st day of each month following that date until paid.

I hereby certify, under penalty of Law, that the “gross proceeds of sales covered by Accommodations Fee” shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Signature

Print Name

Telephone

Date