



Mail To: City of Cayce
Planning & Development Department
P.O. Box 2004
Cayce, SC 29171

Business Name _____

Business Address _____

Business Phone _____

Retail License or Use Tax Registration Number _____

EIN _____

This return reports Accommodations Fees for the **month and year of** _____

Important:

This return covers the period through the last day of the month and becomes DELINQUENT on the 21st day of the following month.

| | | |
|----|--|-------|
| 1. | Gross | |
| 2. | Tax Rate | X .03 |
| 3. | Total Tax Due | |
| 4. | Penalty (5% of the Fee due for each month outstanding) | |
| 5. | Total Due (Add line 3 and 4) | |

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

Tax payer signature _____

Tax payer name (printed) _____

Owner, Partner or Title _____

Daytime Phone Number _____

Date _____