



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 Proceeds	
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 _____