CITY OF CLEMSON
ACCOMMODATIONS REMITTANCE
MONTHLY REPORTING FORM

Name and Address of Business: _____

_____

_____

_____

E-Mail: _____

Filing Period: Month _____Year ____

F.E.I. OR S.S. # _____

Contact Name_____

Contact Phone _____

COMPUTATION OF ACCOMMODATIONS AMOUNT DUE:

1. Accommodations Tax $_____ x .02 $_____
   Gross Proceeds
2. Less Discount for Timely Filed Returns*$_____ x .02 - _____
   Line 1
3. Plus Penalty on Delinquencies **$_____ x_____x .05 + _____
   Line 1 # of months late
4. **TOTAL AMOUNT DUE** = **$** _____

This return covers the period through the last day of the month and becomes delinquent after the 20th day of the following month.

Payment must be postmarked no later than the 20th day of the month.
* DISCOUNT for timely filed returns - a discount of 2% (.02) will be given to those who file their return and payment on or before the due date of the 20th. In the event the 20th day of the month occurs on a Saturday or Sunday, the due date for submittal and/or postmark shall be on the Monday that immediately follows the 20th day of the month.
**PENALTY on delinquencies - a penalty of 5% (.05) for each month or portion thereof after the due date until paid.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City of Clemson assesses penalties for making false or fraudulent statements on this reporting form.

Filed By: _____ **Date** _____

Return To: City of Clemson, Finance Department, 1250 Tiger Blvd., Ste 2, Clemson, SC 29631-2661

Yellow: City **Green: Vendor**