



TOWN OF YEMASSEE

101 Town Circle

Yemassee, SC 29945

Business License Office: (843) 589-2565 Ext. 2

www.townofyemassee.org

The Focal Point of the Four Counties



Accommodations Tax Report

Per The Town of Yemassee Ordinance, a **{3%}** Accommodations Tax on the gross proceeds of transient lodging for less than 90 days must be remitted after each quarter to the **Town of Yemassee, ATTN: Business Licensing, 101 Town Cir, Yemassee, SC 29945-3363.**

Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **January, February & March 2024**

*****Due Date: **April 20th, 2024**

Accommodations Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Accommodations Tax | \$ _____ |
| 2. Fee Due (line 1 x 3%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. Total Accommodations Tax & Penalty Due | \$ _____ |

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

Print Name: _____

Date: _____

Signature: _____

Title: _____



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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **April, May & June 2024**

*****Due Date: **July 20th, 2024**

Accommodations Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Accommodations Tax | \$ _____ |
| 2. Fee Due (line 1 x 3%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. Total Accommodations Tax & Penalty Due | \$ _____ |

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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **July, August & September 2024** *****Due Date: **October 20th, 2024**

Accommodations Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Accommodations Tax | \$ _____ |
| 2. Fee Due (line 1 x 3%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. Total Accommodations Tax & Penalty Due | \$ _____ |

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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **October, November & December 2024** *****Due Date: **January 20th, 2025**

Accommodations Tax Computation:

- | | |
|---|----------|
| 6. Gross Proceeds of sales covered by Accommodations Tax | \$ _____ |
| 7. Fee Due (line 1 x 3%) | \$ _____ |
| 8. Penalty (5% if not received by due date indicated) | \$ _____ |
| 9. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 10. Total Accommodations Tax & Penalty Due | \$ _____ |

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

Print Name: _____

Date: _____

Signature: _____

Title: _____