



**COUNTY OF OCONEE
STATE OF SOUTH CAROLINA
LOCAL ACCOMMODATIONS TAX REMITTANCE FORM**

1. FEI No. or SS. No. _____
Property Owner _____
Accommodation Name(s) _____
Accommodation Address _____
Telephone _____

2. Contact Name _____
Contact Address _____
Telephone _____
E-Mail Address _____

3. **AMOUNT OF LOCAL ACCOMMODATIONS TAX DUE TO OCONEE COUNTY**
Reporting Period: _____

_____	Proceeds of sales from Rental Transient Accommodations (line 3 of form ST-388, State return)
x	3% Oconee County Local Accommodations Tax Fee (Note: If business is located in municipality, tax will be 1.5% unless municipality, by resolution, consents to the 3% tax.)
_____	Fee Due
+	Penalty Due (5% of Fee Due if not paid by the 20th day of the month due or the next business day if the 20th is not a business day)
_____	Total Remittance Due

4. Please sign and mail this form along with the remittance due and a copy of your SC Accommodations Tax Form (ST-388) to the Oconee County Finance Department, 415 South Pine Street, Walhalla, SC 29691.
Checks should be made payable to the "Oconee County Treasurer".

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.
Taxpayer Signature: _____
Taxpayer Title: _____
Date of Remittance: _____

REMITTANCE GUIDELINES

Due Monthly if: Estimated amount of average tax is more than fifty (\$50) dollars a month
Due Quarterly if: Estimated amount of average tax is twenty-five (\$25) to fifty (\$50) dollars a month
Due Annually if: Estimated amount of average tax is less than twenty-five (\$25) dollars a month

**You will not receive additional notification of payment due.
Please retain a copy of this form for your records. Additional copies will only be sent upon request.**