

**County of Union**  
**LOCAL ACCOMMODATIONS TAX RETURN**  
**Supervisor's Office, 203 W. Main Street, Union, S. C. 29379 Phone (864) 429-1600**

For Month Ending \_\_\_\_\_

Return and Payment Due \_\_\_\_\_

Hotel Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gross Proceeds of Sale from the Rental of  
Transient Accommodations \$ \_\_\_\_\_

Local Accommodations Tax Rate 1%

Total Net Tax Due (Tax Rate x Gross Proceeds) \$ \_\_\_\_\_

Plus 5% Penalty Per Month (if not paid by the 20th) \$ \_\_\_\_\_

Total Local Accommodations Tax Due  
(including Penalty if applicable) \$ \_\_\_\_\_

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

Taxpayer's Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Contact information for questions regarding this return.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Important: This return and the tax due becomes DELINQUENT if not received or postmarked by the 20th day following the close of the period. Sign and date the return.

For questions regarding this form, call the Supervisor's Office at (864) 429-1600.