CITY OF CLEMSON
ACCOMMODATIONS REMITTANCE
MONTHLY REPORTING FORM

Name and Address of Business: ____________
Filing Period: Month ______ Year ______
_____________________________________
F.E.I. OR S.S. # _______________________
_____________________________________
Contact Name _________________________
_____________________________________
Contact Phone ________________________
E-Mail: ______________________________

COMPUTATION OF ACCOMMODATIONS AMOUNT DUE:

1. Accommodations Tax $_____________ x .02 $_____________
2. Less Discount for Timely Filed Returns*$_____________ x .02 - _____________
3. Plus Penalty on Delinquencies **$_____________ x ____ x .05 + _____________
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