

**COUNTY OF CLARENDON
STATE OF SOUTH CAROLINA
LOCAL ACCOMMODATIONS FEE RETURN**

Retail License No.:	FEI No. or S.S. No.:	Period Ended:
Business Name:		Telephone No.:
Address:		

Mail to:
Clarendon County Finance Department
411 Sunset Drive
Manning, SC 29102

IMPORTANT: This return covers the period through the last day of the month and becomes **DELINQUENT** on the 21st day of the following month.

1. Proceeds of Sales from Rental Transient Accommodations (From line 3C, ST-388 of State Return):	
County Local Accommodations Fee (3%):	<u> </u> x .03
2. Fee Due (Line 1 x 3%):	
3. Penalty Due (5% of Fee due if not paid by the 20th of following month):	
Total Remittance Due: (Add lines 2 and 3)	

This return reports Clarendon County Local Accommodations fees for the month of _____

Mail this form, the remittance due, and a copy of your State Sales, Use and Accommodations Tax Return (Form ST-388) to the address on the top of this form. Make checks payable to the County of Clarendon.

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's Signature: _____

Owner, Partner or Title: _____

Date: _____

For Field Use Only:
