



-THE CITY OF-  
**EASLEY**  
SOUTH CAROLINA

**LOCAL ACCOMMODATIONS TAX  
REPORTING FORM**

SALES FOR THE MONTH OF: \_\_\_\_\_

Business Name & Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Computation of Hospitality Tax Amount Due:**

Accommodations Tax \$ _____ x .015 <i>Gross sales</i>	\$ _____
Penalty for delinquent filing \$ _____ x .05 x _____ <i>Number of months late</i>	+ _____
Total Accommodations Tax Due	\$ _____

**Important: City accommodations taxes that remain unpaid 30 days after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and / or business license revocation.**

**I certify that the above information is true and accurate and that records are available to substantiate this information. I understand that no refunds will be issued.**

Taxpayer Signature & Title \_\_\_\_\_ Date \_\_\_\_\_