



**CITY OF ORANGEBURG
ACCOMMODATIONS TAX MONTHLY
REPORT**

Finance Department
PO Box 387
Orangeburg, SC 29116
(803) 539-3750

BUSINESS INFORMATION

Business Name _____ Business License # _____
dba (if applicable) _____ Contact Name & Number _____

CALCULATION OF ACCOMMODATIONS TAX

FOR PERIOD ENDING _____
Month/Year

Gross Proceeds from the rental of Accommodations \$ _____ (A)
Accommodations Tax rate of 2% multiplied by line A (line A x 0.02) \$ _____ (B)
Penalty Due on Delinquent Tax (line B x 5% or 10%) \$ _____ (C)
5% penalty for payments made on the 21st – 31st of month due
10% penalty for payments made after month end
Total Taxes and Penalty (if applicable) Due (Line B + Line C) \$ _____ (D)

Taxes and penalties must be remitted to the City via mail or online at www.orangeburg.sc.us/pay-apply monthly by the 20th for the prior month's total collection. Each remittance must be accompanied by a completed Accommodation Tax Monthly Report.

I certify that the information included on this report and any corresponding attachments are a true and accurate representation of proceeds for this business.

Owner/Authorized Representative Signature _____

Printed Name and Title _____ **Date** _____

PLEASE RETURN THIS COMPLETED MONTHLY REPORT AND ACCOMMODATIONS TAX TO:
CITY OF ORANGEBURG – PO BOX 387 – ORANGEBURG, SC 29116-0387