



Mail To: City of Cayce
 Planning & Development Department
 P.O. Box 2004
 Cayce, SC 29171

Business Name _____

Business Address _____

Business Phone _____

Retail License or Use Tax Registration Number _____

EIN _____

This return reports Accommodations Fees for the **month and year of** _____

Important:

This return covers the period though the last day of the month and becomes DELINQUENT on the 21st day of the following month.

1.	Net Accommodations Amount (From Line 3, Column C, State Sales, Use Accommodations and Local Option Tax Return Form ST-388)	
2.	Tax Rate	X .03
3.	Total Tax Due	
4.	Penalty (5% of the Fee due for each month outstanding)	
5.	Total Due (Add line 3 and 4)	

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.

Tax payer signature _____

Tax payer name (printed) _____

Owner, Partner or Title _____

Daytime Phone Number _____

Date _____