



**Aiken County**  
**Finance Department**  
**1930 University Parkway, Suite 3200**  
**Aiken, SC 29801**  
**(803) 642-2064**

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## ACCOMMODATIONS TAX REPORTING FORM

Location Name and Address:

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

Business Name and Mailing Address:

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

Contact phone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

The 3% Accommodations Tax is to be remitted to Aiken County on a monthly basis, along with this form and a copy of the State of South Carolina sales tax computation form.

It is due by the 20th day of the month and should cover the tax due for the previous month.

Any tax not remitted by the 20th day of the month is subject to a 5% penalty.

For assistance contact Aiken County at 803-642-2064 ext. 3412 or by email at [mmcelhaney@aikencountysc.gov](mailto:mmcelhaney@aikencountysc.gov)

**Reporting Period:** \_\_\_\_\_

To calculate the 3% Accommodations Tax, please use the formula below:

1. Gross proceeds	\$
2. Multiply above number by 3%	\$
3. Subtotal	\$
4. Add Penalty of 5% (if payment is not remitted by the 20th)	\$
5. The result is the amount to be remitted to the Aiken County	\$

**Please send your check made payable to Aiken County to the address below:**

Aiken County Government  
Finance Dept/Accommodations  
1930 University Parkway  
Aiken, SC 29801

**I declare that this return is true, correct and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature