TOWN OF HILTON HEAD ISLAND
REVENUE AND COLLECTIONS DIVISION
One Town Center Court, Hilton Head Island, SC 29928
Phone (843) 341-4677 Fax (843) 341-4637

ACCOUNT#:

You may pay online at: www.hiltonheadislandsc.gov

Local Accommodations Tax/Beach Preservation Fee Payment Form

ATTENTION

NAME

MAILING ADDRESS

,

PHYSICAL ADDRESS

,

PHONE NUMBER:

Important: A tax payment form must be filled out and submitted each quarter. Additional forms can be obtained through www.hiltonheadislandsc.gov.

FILING STATUS: Circle one ▶ Monthly / Qtrly PAYMENT FOR PERIOD MONTH_____ QUARTER: 1st, 2nd, 3rd, 4th YR:_____

IS THE BUSINESS OR PROPERTY SOLD? If yes, we require the following information prior to closing your account: Date Sold: _____

NEW OWNER NAME _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER _____

LOCAL ACCOMMODATIONS TAX

Report in Whole Dollars

1. Gross Proceeds: Transient Accommodations [ ] . XX

2, Local Tax **Line 1 x 3%* (.03)** ▶ [ ] . [ ]
   * Accommodations (1%) + Beach Preservation (2%)

3. **Penalties are calculated as follows: 5% of the unpaid amount…for each month or portion thereof after the due date until paid. Additionally, delinquent businesses may be subject to a $1092.50 municipal summons.** ▶ [ ] . [ ]

4, Total Accommodations Tax/Beach Preservation Fee Due (Add Lines 2 and 3) [ ] . [ ]

▼ FOR OFFICE USE ONLY ▼

Postmark _____

CK# _____

Receipt# _____

Accommodations Tax _____

Penalty _____

Amt Received _____

Adjustment _____

Bal Due _____

Refund Due _____

Source: B or C

STOP

IMPORTANT ▶ Enclose payment with report. Please do not staple

This return becomes DELINQUENT if it is postmarked after the 20th day following the end of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief

Name:_____ Signature: _____

***Make additional copies as needed.**