

**COUNTY OF PICKENS STATE
OF SOUTH CAROLINA
TOURISM DEVELOPMENT FEE RETURN**

RETAIL LICENSE NO:

F.E.I. # or S.S. #:

EMAIL:

BUSINESS NAME:

ADDRESS:

TELEPHONE:

Mail To:
Pickens County Finance Department
222 McDaniel Ave. B-4
Pickens, SC 29671

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

1. Proceeds of Sales from rental Transient Accommodations (from line 11, of State Return):	_____
2. County Tourism Development Fee (1%, 1.5% or 3%):	_____
3. Fee Due (Line 1 x Line 2):	_____
4. Penalty Due (5% of Fee due if not paid by the 20 th of following month):	_____
5. Total Remittance Due: (Add lines 3 and 4):	_____

This return reports Pickens County Tourism Development Fees for the month of: _____

Mail this form, the remittance due, and a copy of your SC Accommodation Tax (form ST-388) to the address on the top of this form. Make checks payable to the Pickens County Treasurer.

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.

Taxpayer Signature: _____

Owner, Partner or Title: _____

Date: _____