



CHEROKEE COUNTY

LOCAL ACCOMMODATIONS FEE

FOR MONTH ENDING: _____

NAME: _____

MAILING ADDRESS: _____

City State Zip

STREET ADDRESS: _____

City State Zip

GROSS PROCEEDS OF SALES FROM
THE RENTAL OF TRANSIENT ACCOMMODATIONS:

LOCAL ACCOMMODATION FEE-3%:

GROSS PROCEEDS TIMES LOCAL ACCOMMODATION FEE:

TOTAL REMITTANCE DUE TO CHEROKEE COUNTY:

I hereby certify that to the best of my knowledge and belief the information provided is true and correct.

TAXPAYER SIGNATURE: _____

TAXPAYER PRINTED NAME: _____

TITLE: _____

DATE: _____

Fee is due by the 20th of the following month.

Return this form along with your accommodations fee payment to:

Cherokee County
Attn: Finance Department
PO Box 1267
Gaffney SC 29342