



*First in Service*

# CITY OF MYRTLE BEACH

Two (2%) Percent  
Hospitality Tax

Three (3%) Percent  
Local Accommodations Tax

One (1%) Percent  
Hospitality Fee

Please remit to the City of Myrtle Beach on or before the due date  
to avoid penalty.

## GENERAL QUESTIONS & INSTRUCTIONS

### **What is a Hospitality Tax, Local Accommodations Tax, and Hospitality Fee?**

The Hospitality Tax is a 2% tax levied on prepared or modified food and beverages intended for immediate consumption.

The Local Accommodations Tax is a 3% tax levied on short-term accommodations and certain guest charges.

The Hospitality Fee is a 1% fee charged on admission to places of amusement or entertainment.

### **Why was it necessary to implement a Hospitality Tax, Local Accommodations Tax, and Hospitality Fee?**

To fund necessary capital improvements such as beach maintenance, public facilities related to the use of the beach, public transportation improvements, public park facilities, public parking, facilities and equipment necessary for the provision of police, fire and other public safety activities without relying on property taxes and business license taxes.

### **What sales are subject to Hospitality Tax?**

ALL food, beverage, and alcohol sold in food service establishments and bars for immediate consumption.

ALL food and beverages that are prepared or modified and sold for immediate consumption.

ALL beverages sold in establishments licensed by the State of SC for on-premises consumption.

### **What sales are subject to Local Accommodations Tax?**

The rental charge for rooms, campground spaces, lodging, condominiums, vacation homes, or sleeping accommodations furnished for less than 90 consecutive days and those guest charges affected by the State Accommodations Tax. Accommodations provided on a daily, weekly, or monthly basis are defined in SC Code §12-36-920. If a short-term stay extends beyond 90 days, any Local Accommodations Tax collected must be refunded to the customer by the business.

### **What sales are subject to Hospitality Fee?**

Admission charges to places of amusement or entertainment affected by State Admissions Tax unless exempt by SC Code § 12-21-2420.

### **Who is responsible for collecting and reporting?**

The business is responsible for collecting the taxes and fee from customers and for filing and remitting to the City of Myrtle Beach.

### **How do I report?**

Complete the Hospitality Tax, Local Accommodations Tax, and Hospitality Fee Reporting Form. Report sales from food & beverages on line 1; report sales from accommodations on line 3; report sales from admissions on line 5. If you have no sales for the reporting period, you are required to file a zero report by entering a zero "0" on lines 1, 3, and 5 (whichever sales type applies to your business).

### **When do I report?**

Taxes and fees are due to the City of Myrtle Beach on or before the 20th day of the month following the close of the reporting period. The reporting period is the preceding calendar month. A completed Hospitality Tax, Local Accommodations Tax, and Hospitality Fee Reporting Form must accompany every remittance. If the 20th of the month is on a weekend day or legal holiday, the following business day is the due date. If filing by mail, the report MUST BE POSTMARKED BY THE US POSTAL SERVICE ON OR BEFORE THE DUE DATE to avoid penalty.

Note: You may request to file quarterly if you file to the SC Department of Revenue on the same schedule. Please contact the Business License Office at (843) 918-1200 to receive approval before filing quarterly.

### **How do I pay?**

You can file in person at the Business License Office located in the City Services Building at 921 N. Oak Street or you can mail your payment to the address printed on the top left of the reporting form. We currently accept payment by check or cash, credit cards are not accepted at this time. If paying by cash, you must file your report in person.

### **What if my payment is late?**

A 2% penalty per month in addition to the **Hospitality Tax** must accompany all late remittances.

A 2% penalty per month in addition to the **Local Accommodations Tax** must accompany all late remittances.

A 10% penalty in addition to the **Hospitality Fee** must accompany all late remittances.

Mail To:  
 City of Myrtle Beach  
 Hospitality Fee  
 P.O. Box 2468  
 Myrtle Beach, SC 29578  
 (843) 918-1200 Fax (843) 918-1210  
[www.cityofmyrtlebeach.com](http://www.cityofmyrtlebeach.com)

**CITY OF MYRTLE BEACH**  
**Reporting Form**  
 Hospitality Tax  
 Local Accommodations Tax  
 Hospitality Fee



<u>D/B/A Name and Location Address</u>	<u>Acct. No.</u>	<u>FEI or SSN</u>
	<u>Bus. Lic. No.</u>	<u>SC Retail No.</u>
<u>Business Start Date</u>		

Reporting Period	Due Date

Filing Status

Make Check Payable to  
**City of Myrtle Beach**

**ENCLOSE PAYMENT  
 WITH REPORT  
 PLEASE DO NOT STAPLE**

**IMPORTANT**

Report is **LATE** if received or postmarked after the Due Date

If your business has closed or changed ownership, please complete all that apply

Date business closed: \_\_\_\_\_  
 Date changed ownership: \_\_\_\_\_  
 New owner is: \_\_\_\_\_  
 Name of new business if known: \_\_\_\_\_

-----**HOSPITALITY TAX**-----

1. Gross Sales from <b>Food and Beverages</b>	1. _____
2. Hospitality Tax <span style="float: right;">Line 1 x 2%</span>	2. _____

-----**LOCAL ACCOMMODATIONS TAX**-----

3. Gross Sales from <b>Accommodations</b>	3. _____
4. Local Accommodations Tax <span style="float: right;">Line 3 x 3%</span>	4. _____

-----**HOSPITALITY FEE**-----

5. Gross Sales from <b>Admissions</b>	5. _____
6. Hospitality Fee <span style="float: right;">Line 5 x 1%</span>	6. _____
7. <b>TOTAL TAXES AND FEE</b> <span style="float: right;">Add lines 2+4+6</span>	7. _____

-----**PENALTY**-----

8. Hospitality Tax (2% per month) <span style="float: right;">Line 2 x ____%</span>	8. _____
9. Local Accommodations Tax (2% per month) <span style="float: right;">Line 4 x ____%</span>	9. _____
10. Hospitality Fee (10%) <span style="float: right;">Line 6 x 10%</span>	10. _____
11. Balance Due from Period _____ Year _____	11. _____
12. Overpayment from Period _____ Year _____	12. ( _____ )
13. <b>TOTAL DUE</b> <span style="float: right;">Add lines 7+8+9+10+11-12</span>	13. _____

FOR OFFICE USE ONLY	
Postmark	_____
CK#	_____
CK Amt	_____
HT Credit	( _____ )
AT Credit	( _____ )
HF Credit	( _____ )
H Tax	_____
HT Pen	_____
A Tax	_____
AT Pen	_____
H Fee	_____
H Pen	_____
TOTAL Due	_____
Credit	( _____ )

I hereby certify that I have the authority to make this report and the information contained in this report is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
 Taxpayer's Signature Title Telephone Date (Rev 7/19)