



COUNTY COUNCIL OF BEAUFORT COUNTY

BUSINESS LICENSE DEPARTMENT

P.O. DRAWER 1228

BEAUFORT, SC 29901-1228

PHONE: 843-255-2270 FAX: 843-255-9411

www.bcgov.net

ADMISSION FEE REMITTANCE FORM

ACCT# _____

PHONE # _____

REPORTING PERIOD _____

1. GROSS PROCEEDS: ADMISSIONS		\$ _____
2. LOCAL ADMISSIONS FEE	Line 1 x 2.5%	\$ _____
3. PENALTY	Line 2 x 1.5%	\$ _____
4. TOTAL LOCAL ADMISSIONS FEE DUE		\$ _____

PLEASE MAKE COPIES AS NEEDED

IMPORTANT ►

- Payment form will not be accepted without payment.
- Taxes are due monthly and remitted by the 20th day of the following month. This return becomes delinquent if it is postmarked after the 20th day following the end of the period. Failure to pay will result in a 1.5% penalty per month until paid.
- All payment forms must be signed by the preparer to certify accuracy and compliance with the County's Local Admission Fee ordinance, and must be accompanied by a copy of that period's State Sales Tax return(s).

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

Signature of Applicant _____ Title _____ Date _____

Office Use Only: Bill Number _____

Date Rec'd _____ Postmark Date _____ Bal Due \$ _____ Refund Due \$ _____