Please remit to Florence County Finance Department by the 20th day following the end of the reporting period to avoid penalty.
The Florence County Finance Department has revised the Local Accommodations Tax remittance booklet. This package contains preprinted vouchers for each month. For your convenience, we have also included a form for notification of change in the address/business location or closing.

Mail Coupons to:

Florence County Finance Department
180 North Irby Street MSC-H
Florence, South Carolina 29501

Questions call:

(843) 665-3013

Important Notice

The Florence County local accommodations tax applies to all receipts collected on any room (excluding meeting and conference rooms), campground spaces, recreational vehicle spaces, lodgings or sleeping accommodations furnished to transients by any hotel, inn, condominium, motel, “bed & breakfast”, residence, or any other place in which rooms, lodgings, or sleeping accommodations are furnished for consideration within Florence County, South Carolina. The gross proceeds derived from the lease or rental sleeping accommodations supplied to the same person or persons for a period of thirty (30) continuous days are not considered proceeds from transients.

Payment of the accommodations tax shall be the liability of the consumer of the services. The tax shall be paid at the time of delivery of the service to which the fee applies, and shall be collected by the provider of the services. The provider of the services shall remit the accommodations fees due by the 20th of the following month. The provider of the services shall remit the accommodations tax based on the following reporting periods: (Please indicate on the coupon the method used.)

- **Monthly:** If tax averages more than $50/month (Due by the 20th of the following month)
- **Quarterly:** If tax averages between $25 and $50/month (January – March due by April 20th; April – June due by July 20th; July – September due by October 20th; October – December due by January 20th)
- **Annually:** If tax averages less than $25/month (January – December due by January 20th)

The preparer must sign each coupon. A separate coupon must be submitted for each rental location (hotel, motel or other lodging establishment). The preparer’s signature certifies that all information submitted is correct and in accordance with the requirements of the Florence County ordinance. Failure to pay on time carries a 5% per month penalty and fines up to $500.
Complete only the portion of this form that is applicable and mail to:

Florence County Finance Department
180 North Irby Street MSC-H
Florence, South Carolina 29501

Florence County
A-Tax Number: ____________________

Business Name: ____________________________________________
Business Address: ____________________________________________

OUT OF BUSINESS OR CHANGE OF OWNERSHIP

Date of Sale or Closing: ______________________________________
New Business Name: _________________________________________
New Owner’s Name: __________________________________________

CHANGE OF ADDRESS AND/OR TRADE NAME

New Trade Name: ____________________________________________
Date of Change: ____________________________________________
New Location Address: ________________________________________
Date Business Moved: ________________________________________
New Mailing Address: ________________________________________

Signature ______________________ Date ________________________
Florence County
Local Accommodations Tax
Initial Filing Form

Complete this form and mail to:

Florence County Finance Department
180 North Irby Street MSC-H
Florence, South Carolina 29501

Owner/Charter Name: ________________________________________

Trade Name: ____________________________________________
(Doing Business As)

Federal Identification Number: _____________________________

State License Number: ___________________________________

Location Address: ________________________________________

Mailing Address: _________________________________________

Contact Person: _________________________________________

Telephone Number: ______________________________________

For Office Use Only
Accommodations Number: _____________
Date: ________ Initials: ______________

Signature ___________________________ Date ____________________