

## TRANSIENT OCCUPANCY TAX EXEMPTION CERTIFICATE

Name		Date		
Address				
		Auto License No./State		<u> </u>
Exemption from the	e 8% Transient Occupancy Ta (check all that apply)	ax is hereby clai	med on the follov	ving grounds:
(a)	I have/will occupied a room i	n the	tel/motel)	for a period longer
	than 30 consecutive days from			
(b)	I am an employee of the Fed	deral Governmer	nt of	·
(c)	I am an Officer/Employee of the foreign Government ofand claim exemption under provisions of International Treaty.			
(d)	I am an employee of	f credit union)	Federal Cred	lit Union.
I certify under pena	alty of law that the above is tru	ue and correct to	the best of my k	knowledge.
	Signed	:		
	Date:			
Authorized Motel/H	otal Operator	Room No.		
Adinonzed Motel/11	otel Operator			
Motel/Hotel Name		\$ Rate	X Number o	 f Nights
		\$		<u> </u>
		Total Exemp	t Amount	

## **OPERATORS**

This form is provided for your use and benefit and authorizes you to omit the tax if you are so requested for the reasons listed. The executed certificates should be kept on file, **with a copy sent to the City with your quarterly return.** The total rents shown on these certificates may be deducted on your quarterly tax returns. The Director of Finance may require you to produce the certificates and other records periodically for examination and audit. Officials claiming expemtions should display their credentials.

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