



FINANCE AND ADMINISTRATIVE SERVICES DEPARTMENT
500 Castro Street • Post Office Box 7540 • Mountain View • California • 94039-7540
650-903-6316 • Fax 650-968-1786

**Transient Occupancy Tax
Extended Occupancy Exemption Claim Form**

Establishment: _____

Address: _____

Quarter Ending: _____

- * Use this form to claim exemption for all occupants staying longer than thirty (30) days.
- * This form must be completed, signed by both innkeeper and occupant, and remitted with the Quarterly Transient Occupancy Tax Return or it will not be counted as an exemption. Enter the total exemption amount on Line 2A.
- * Keep a copy of this form for your records and maintain records to support claimed exemptions.

Name of Occupant: _____

In support of Item 2A on the Quarterly Transient Occupancy Tax Return, I certify under penalty of perjury my claim for exempt status on the following basis:

1. Date first occupied (original check-in date): _____
 2. Date exemption status began (31st day of occupancy): _____
 3. Date of check-out:
(indicate N/A if still occupying room past last day of quarter) _____
 4. Number of days exempt this quarter:
(indicate exempt days within this reporting period only) _____
 5. Daily room rate:
(base daily room rent for this room, not including tax) _____
 6. Gross amount of exemption:
(base daily room rent X number of exempt days this period) _____
 7. Other: _____ \$ _____
- Total exempt amount – to Line 2A on tax return** \$ _____

I certify under penalty of perjury that the foregoing is true and correct.

Innkeeper's Signature: _____ Room No. _____ Date: _____

Occupant's Signature: _____ SS#/CDL# _____ Date: _____