Exemption from Transient Occupancy Tax
Government Officer or Employee Exemption Form
(Ordinance Code 5.136.030)

No Tax shall be imposed upon:

a. Any Federal government Officer or Employee when on official business
b. Any State of California Officer or Employee
c. Any Officer or Employee of a foreign government who is exempt by reason of express provision of federal law or international treaty

Please attach: a copy of the officer or employee’s photo identification AND one or more of the following items to verify the validity of the exemption:

- A copy of Federal or State documents stating that this person is occupying your establishment for the official business of his or her employer
- A copy of Federal or State travel orders from his or her employer
- A copy of the Federal or State warrant (check) issued by his or her employer to pay for the occupancy
- A copy of the Federal or State credit card issued to this officer or employee by his or her employer to pay for the occupancy

Business Information

Name of Establishment:__________________________________________________________
Address:__________________________________ City:___________________
State:_____ Zip Code:__________

555 County Center, 1st Floor, Redwood City, CA 94063
Treasurer (650) 363-4580 ♦ Fax: (650) 363-4944 treasurer.smcgov.org
Tax Collector (866) 220-0308 ♦ Fax: (650) 599-1511 tax.smcgov.org
Date of Occupancy: ____________________
From: ________  To: ________  Total Rent Paid: $______________

________________________________________  __________________________________
Name of Guest  Government Agency

________________________________________  __________________________________
Agency Department  Agency Telephone Number

________________________________________  __________________________  ____________
Governmental Agency Street Address  City  State

________________________________________  ____________
County  Zip Code

I certify that the occupancy of the room noted above has been (or will be) furnished for my exclusive use, that I am the officer or employee of the Governmental Agency named above, and that such charges are incurred in the performance of my official duties for said Governmental Agency. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

________________________________________
Signature of Guest Claiming Exemption  Title

________________________________________
Date

Operator: This form and a copy of the proof of exemption are to be filed with your quarterly report. A CONTRACTOR FOR A GOVERNMENT AGENCY IS NOT EXEMPT FROM TOT