This form is to be used if claiming multiple tax exemptions for persons occupying rooms for more than 30 days and must be remitted with the monthly TOT return. Please note the transient **must pay tax for the first 30 days of occupancy unless a long-term rental contract exists.** The <u>TOTAL DOLLAR AMOUNT</u> claimed on this form <u>MUST EQUAL</u> the <u>DOLLAR AMOUNT DEDUCTED</u> on <u>LINE ITEM #2</u> on the <u>TAX RE-TURN FORM.</u>

ESTABLISHMENT NAME _____

REPORTING PERIOD (MM / YYYY) _____

Tax Exempt Guest Name	Dates of Occupancy From	To	# of Exempt Days	Avg. Daily Room Rate	Exemption Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

TOTAL EXEMPTION AMOUNT

(Enter on Line 2 of Monthly Tax Return) $_____

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

_____   _____
Signature of Owner or Agent   **Date**