

**City of Santa Cruz Transient Occupancy Tax
Certificate of Tax Exemption**

Finance Department • 877 Cedar Street • Suite 100 • Santa Cruz • CA • 95060 • 831-420-5070

This form is to be completed in full by persons claiming exemption from the Transient Occupancy Tax of the City of Santa Cruz at the time rent is collected. Room occupancy is exempt from such taxation per the provisions of Santa Cruz Municipal Code Section 3.28.040. Exemptions include federal or state officers or employees only while on official business, or officers or employees of foreign governments who are exempted under the provision of federal law or international treaty. Any exemption applies only to those days during which the employee is engaged in business for an exempt employer and not to other days of occupancy. Attach a copy of credentials/orders reflecting current performance of official duties.

Name of Person Occupying Room: _____

Title: _____ Business Phone Number: _____

Name of Employer: _____

Street Address of Employer: _____

City, State, and Zip Code of Employer: _____

Name and telephone number of Supervisor or other person who can verify Business Purpose:

Date(s) of Hotel or Motel Stay: _____

Date(s) of occupancy during which you are engaged in business on behalf of your employer and are, therefore, claiming exemption from location taxes: _____

Certification

I hereby certify that I, the undersigned traveler, am a representative or employee of the above named employer; that the charges for the occupancy at the above establishment on the dates set forth above have been, or will be paid for by my employer; that such charges are incurred in the performance of my official duties as a representative or employee of my employer; that my employer is exempt from the payment of any transient occupancy taxes of the City of Santa Cruz; and that if this stay is used, in whole or in part, for non-business purposes, I shall be liable for payment of the applicable transient occupancy tax of the City of Santa Cruz for my occupancy on such non-business days.

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at Santa Cruz, California on _____, 20____.

Signature of Person Occupying Room

Printed Name of Person Occupying Room

Hotel/Motel Operator or Employee Certification

I hereby certify that the person whose name is printed and signed above presented satisfactory credentials/orders reflecting current performance of official duties and a copy of these credentials/orders is attached to this document.

Signature of Hotel/Motel Operator or Employee

Printed Name of Hotel/Motel Operator or Employee

Hotel or Motel Name: _____

Hotel or Motel Address: _____