LODGING TAX EXEMPTION CLAIM DETAIL FORM FOR PERMANENT OCCUPANCIES OVER 30 DAYS



This form is to be used if claiming tax exemptions for persons occupying rooms for more than 30 days and must be remitted with the monthly Lodging Tax return. The **TOTAL DOLLAR AMOUNT** claimed on this form **MUST EQUAL** the **DOLLAR AMOUNT DEDUCTED** on **LINE ITEM #2a** of the **TAX RETURN FORM**. If you have multiple stays to input, please refer to the second page.

Establishment Name:						
Reporting Period (MM/YYYY): _						
DATES OF OCCUPANCY						
TAX EXEMPT GUEST NAME	Check-in	Check-out	Folio #'s	Night	Rate	Exemption Amount



DATES OF OCCUPANCY

TAX EXEMPT GUEST NAME	Check-in	Check-out	Folio #'s	Night	Rate	Exemption Amount
			-	OTAL EXEM	IDTION AND	SILVE

TOTAL EXEMPTION AMOUNT (ENTER ON LINE 2A 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:					