



DATES OF OCCUPANCY

TAX EXEMPT GUEST NAME	Check-in	Check-out	Folio #'s	Night	Rate	Exemption Amount

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: _____