



**CITY OF TUSTIN TRANSIENT OCCUPANCY
TAX CERTIFICATE OF TAX EXEMPTION
FINANCE DEPARTMENT**

This form must be completed in full by persons claiming exemption from the transient occupancy tax of the City of Tustin. Room occupancy is exempt from such taxation only if your employer is expressly exempt from such taxation under **Tustin City Code Section 2704** and the incidence of the tax would otherwise fall upon your employer. Any exemption applies only to those days during which you are engaged in business for your employer and not to other days of your occupancy. Please **PRINT** all information.

Check appropriate box for employer type:

- Federal Government/ State of California Employee *on official business only* (NOT contractors)
- Federal Credit Union Employee *on official business only*
- Foreign Governments Employee (*with U.S. Issued Diplomatic Tax Exemption Photo ID Card*)

Hotel or Motel Name: _____

Address: _____

Name of Person Occupying Room and Claiming Exemption: _____

Title: _____ Bus. Phone #: _____

Name of Employer: _____

Employer/ Agency Address: _____
(Including City, State & Zip)

Purpose of Stay: _____

Name and telephone number of Supervisor to verify Business Purpose:

Dates(s) of occupancy covered by this exemption while on official business: _____

Certification

I certify that my above-named employer is exempt from the payment of any transient occupancy taxes of the City of Tustin. I hereby acknowledge and agree that the above listed hotel or motel stay is only for the performance of my official duties by my above-named employer. If this stay is used for non-business purposes, I shall be liable for payment of the applicable transient occupancy tax of the City of Tustin 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 Tustin, California on _____

Signature of Person Occupying Room

Printed Name of Person Occupying Room

<i>TO BE COMPLETED BY HOTEL/OPERATOR STAFF:</i>		
Documentation Reviewed & Verified by:		
Print Hotel Employee's Name	Signature of Hotel Employee	Date

This form shall be completed and retained for future audit. Incomplete information may result in disallowed exemption. Questions regarding Transient Occupancy Tax exemptions should be directed to: (714) 573-3060