



**CITY OF ANAHEIM TRANSIENT OCCUPANCY TAX  
CERTIFICATE OF TAX EXEMPTION**  
Planning Department ■ Business License Division

This form is to be completed in full by persons claiming exemption from the transient occupancy tax of the City of Anaheim. Room occupancy is exempt from such taxation only if your employer is expressly exempt from such taxation under **federal law** 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.

Hotel or Motel Name: \_\_\_\_\_

Hotel or Motel Address: \_\_\_\_\_

Name of Person Occupying Room: \_\_\_\_\_

Title: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Name of Federal Employer: \_\_\_\_\_ Federal Dept.: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Including City, State & Zip)

Purpose of Stay: \_\_\_\_\_

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

Date(s) of Hotel or Motel Stay: \_\_\_\_\_

Dates(s) of occupancy during which you are engaged in business on behalf of your employer and are, therefore, claiming exemption from location taxation: \_\_\_\_\_

**Certification**

I certify that my above-named employer is exempt from the payment of any transient occupancy taxes of the City of Anaheim. I hereby acknowledge and agree that the above listed hotel or motel stay is to be used for official **Federal** government purpose(s) of my above-named employer. If this stay is used, in whole or part, for non-business purposes, I shall be liable for payment of the applicable transient occupancy tax of the City of Anaheim 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 Anaheim, California on \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Occupying Room

\_\_\_\_\_  
Printed Name of Person Occupying Room

***TO BE COMPLETED BY HOTEL/OPERATOR STAFF:***

Received by:

\_\_\_\_\_  
Print Hotel Employee's Name

\_\_\_\_\_  
Signature of Hotel Employee

\_\_\_\_\_  
Date

**Any questions regarding Transient Occupancy Tax exemptions should be directed to: (714) 765-5170**