



# Sandie Arnott

## TREASURER - TAX COLLECTOR

**Tiffany Htwe**  
INVESTMENT & FINANCE OFFICER

**Kathy Nunes**  
PROPERTY TAX DIVISION MANAGER

### Exemption from Transient Occupancy Tax Government Officer or Employee Exemption Form (Ordinance Code 5.136.030)

No Tax shall be imposed upon:

- a. Any Federal government Officer or Employee when on official business
- b. Any State of California Officer or Employee
- c. Any Officer or Employee of a foreign government who is exempt by reason of express provision of federal law or international treaty

Please attach: **a copy of the officer or employee's photo identification AND one or more** of the following items to verify the validity of the exemption:

- A copy of Federal or State documents stating that this person is occupying your establishment for the official business of his or her employer
- A copy of Federal or State travel orders from his or her employer
- A copy of the Federal or State warrant (check) issued by his or her employer to pay for the occupancy
- A copy of the Federal or State credit card issued to this officer or employee by his or her employer to pay for the occupancy

#### Business Information

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

555 County Center, 1<sup>st</sup> Floor, Redwood City, CA 94063  
Treasurer Tax Collector  
(650) 363-4580 ♦ Fax: (650) 363-4944 (866) 220-0308 ♦ Fax: (650) 599-1511  
treasurer.smcgov.org tax.smcgov.org

Date of Occupancy: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Total Rent Paid: \$ \_\_\_\_\_

\_\_\_\_\_  
Name of Guest Government Agency

\_\_\_\_\_  
Agency Department Agency Telephone Number

\_\_\_\_\_  
Governmental Agency Street Address City State

\_\_\_\_\_  
County Zip Code

I certify that the occupancy of the room noted above has been (or will be) furnished for my exclusive use, that I am the officer or employee of the Governmental Agency named above, and that such charges are incurred in the performance of my official duties for said Governmental Agency. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Guest Claiming Exemption Title

\_\_\_\_\_  
Date

Operator: This form and a copy of the proof of exemption are to be filed with your quarterly report. A CONTRACTOR FOR A GOVERNMENT AGENCY IS NOT EXEMPT FROM TOT

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