CITY OF SAN CLEMENTE
Hotel Transient Occupancy Tax Exemption Report
(Attach this form to Hotel, Motel and Bed and Breakfast Transient Occupancy Tax Return)

Hotel Name _____

Reporting Period: _____

Month   Year

Exemptions listed herein subject to audit.

Guest No.	Room No.	Guest Name	G-F-L Exempt Code	Number Days Exempt (Current Filing Period ONLY)	Daily Rate $	Total Dollars Exempt	Original Check-in Date	Original Exemption Date
1								
2								
3								
4								
5								
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22								
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24								
25								

Total this page: _____

**Enter Total on Transient
Occupancy Tax Return Part A:
Line #4**

OPERATOR: Use this form to report guests exempt from transient occupancy tax.
Attach this form and all supporting documents to the Transient Occupancy Tax Return
* Exemption Codes:
  G = Federal or State Government Employee
  F = Foreign Government Employee
  L = Long-term (over 29 days) tenant

City of San Clemente
Finance Division
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