



Transient Occupancy Tax (TOT) Exemption Claim

Federal or State of California employee or officer while on official business only.
Foreign government employee or officer exempt by reason of express provision of Federal law or international treaty.
Tax-Exempt Status Organization

ORGANIZATION NAME _____

GUEST NAME _____

ORGANIZATION PHONE _____

Check in ____/____/____ Check out ____/____/____

CERTIFICATION

I certify that my above-named employer is exempt from payment of any transient occupancy taxes of the City of West Covina per City Code. I hereby acknowledge and agree that the above listed hotel or motel stay is to be used for official Federal/State/Foreign Government or Tax-Exempt Organization purpose(s) of the 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 West Covina for my occupancy on such non-business days.

I certify and declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Signature of Claimant (GUEST)

Date

FOR HOTEL USE ONLY:

ROOM RATE \$ _____

ROOM # _____

Note for the Operator:

A separate exemption form must be filed for each occupied room subject to rental for which the exemption is requested.

Do not accept this claim unless the person provides you with acceptable proof of exemption (i.e., official travel orders; agency letter, identification).

Valid source of payment: Organization/Government credit or check. (Personal forms of payment are NOT valid for exemption).

This original form must be submitted with your Monthly Transient Occupancy Tax Return to the City of West Covina in order to receive the exemption.

Please retain a copy of the exemption form and all supporting documents with your records.

Any questions regarding TOT exemptions, please email: support@hdlgov.com

Received & Verified By: Print Hotel Employee's Name

Signature of Hotel Employee