



**TREASURER-TAX COLLECTOR
EL DORADO COUNTY**
www.edcgov.us/TaxCollector

TRANSIENT OCCUPANCY TAX EXEMPTION FORM

The El Dorado County Transient Occupancy Tax (TOT) Ordinance states that no tax shall be imposed upon use or possession of any facility for any period of more than 30 consecutive days (§3.28.020) or an exempt officer or employee of a foreign government or Federal, State or local government employees on official business (§3.28.040). A copy of all exemption forms are to be submitted with the Quarterly Transient Occupancy Tax Return for the associated time period. This Exemption Form is to be kept with the operator and made available for inspection by the Treasurer Tax Collector (§3.28.110).

Prior to completing this exemption form, read the attached instructions completely.

TOT Certificate or VHR Number: _____

Establishment Name: _____

Establishment Address: _____

TO BE COMPLETED BY OCCUPANT – Government Exemption

Check one of the appropriate reasons for the government exemption:

Foreign Officer/Employee Federal Employee State Employee Local Employee

Governmental Agency Name: _____

Address of Home Office: _____

Agency Phone Number: () _____ Email: _____

Name & Title of Occupant (*Print*): _____

I understand that I am required to provide the facility operator a copy of one of the following documents as conclusive evidence that the occupancy is for the official business of my employer: travel orders from government employer, or government warrant issued by employer to pay for the occupancy, or government credit card issued by employer to pay for the occupancy. I also understand the requirement to provide photo identification, proof of governmental employment as an employee or officer, and proof that occupancy is for the official business of government. I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.

Signature: _____ Date: ____/____/____

TO BE COMPLETED BY OPERATOR – Long Term Occupancy

Name(s) on written agreement: _____

Mailing Address: _____

Phone #: () _____ Email: _____

Total Duration of Occupancy (MM/DD/YY): From ____/____/____ To ____/____/____

There shall be a rebuttable presumption that the operator is not liable for the tax imposed pursuant to EDC Code Section 3.28.040 for whom the operator retains a signed and dated copy of a standard form that complies with the provisions of Revenue and Taxation Code 7280 regarding exemptions. I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true.

Validated by: _____ Signature: _____

(Print name of establishment representative)

(Signature of establishment representative)

INSTRUCTIONS

In order to request an exemption from remitting Transient Occupancy Taxes from an occupant, this form must be completed in full by the operator and signed by the occupant(s) and the operator prior to, or on the first day of occupancy.

Operators or representatives of the “living space” establishment shall attach the Exemption Form to the Quarterly Transient Occupancy Tax Return and submit these items to the Tax Collector's office with payment of all other transient occupancy tax due.

A separate exemption certificate is required for each period of occupancy

A separate form is required for each individual claiming a Government Exemption.