



# CITY OF AMERICAN CANYON

## Transient Occupancy Tax (TOT) Exemption Claim Detail Form for Occupancies OVER 30 Days

This form is to be used if claiming multiple tax exemptions for persons occupying rooms for more than 30 days and must be remitted with the monthly TOT return. Please note the transient **must pay tax for the first 30 days of occupancy unless a long-term rental contract exists**. The TOTAL DOLLAR AMOUNT claimed on this form MUST EQUAL the DOLLAR AMOUNT DEDUCTED on LINE ITEM #2a of the TAX RETURN FORM.

ESTABLISHMENT NAME \_\_\_\_\_

REPORTING PERIOD (MM / YYYY) \_\_\_\_\_

|    | Tax Exempt Guest Name | Dates of Occupancy |    | # of Exempt Days | Avg. Daily Room Rate | Exemption Amount |
|----|-----------------------|--------------------|----|------------------|----------------------|------------------|
|    |                       | From               | To |                  |                      |                  |
| 1  |                       |                    |    |                  |                      |                  |
| 2  |                       |                    |    |                  |                      |                  |
| 3  |                       |                    |    |                  |                      |                  |
| 4  |                       |                    |    |                  |                      |                  |
| 5  |                       |                    |    |                  |                      |                  |
| 6  |                       |                    |    |                  |                      |                  |
| 7  |                       |                    |    |                  |                      |                  |
| 8  |                       |                    |    |                  |                      |                  |
| 9  |                       |                    |    |                  |                      |                  |
| 10 |                       |                    |    |                  |                      |                  |

**TOTAL EXEMPTION AMOUNT**

**(Enter on Line 2a of Monthly Tax Return) \$ \_\_\_\_\_**

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

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date