



**CITY OF CARSON
REVENUE DIVISION**

701 East Carson Street • P. O. Box 6234 • Carson, CA 90749
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NO.

**TRANSIENT OCCUPANCY TAX
EXEMPTION CLAIM FORM FOR GOVERNMENTAL AGENCIES**

TO: _____
(NAME OF HOTEL/MOTEL)

ADDRESS: _____

This is to certify that I, the undersigned, am a representative or employee of the Governmental Agency indicated below; that the charges for the occupancy at the above establishment on the dates shown have, or will be, paid for by such Governmental Agency directly; and that such charges are incurred in the performance of my official duties as a representative or employee of such Governmental Agency.

DATE OF OCCUPANCY FROM: _____ **TO:** _____ **EXEMPTION AMOUNT:** \$ _____

NAME: _____ **TITLE:** _____ **SS NO.:** _____

GOVERNMENTAL AGENCY: _____ **PHONE:** _____

ADDRESS: _____

NATURE OF OFFICIAL DUITES: _____

FEDERAL TAX I.D. NUMBER: _____

Pursuant to Section 6403 of the Carson Municipal Code:

No tax shall be imposed upon any federal or State of California officer or employee when on official business and on any officer or employee of foreign government who is exempt by reason of express provision of federal law or international treaty. No exemption shall be granted except upon a claim made at the time rent is collected and under penalty of perjury upon a form prescribed by the Tax Administrator.

Additional Instructions

- In the event the above tenant is found and proven to have falsified this exemption, the motel/hotel will be held responsible for payment of the amount of the exemption.
- Please provide a valid copy of the qualified government official/employee identification for verification or your exemption claim.