



City of San Jose Transient Occupancy Tax 30-Day Exemption Form

To qualify for exemption, this form must be completed in full and an original copy submitted to the City of San Jose, Treasury Division, by the hotel/motel operator. Please complete in ink. If you have any questions, please call (408) 535-7055.

1. Room Rate: \$ _____ Daily Weekly Room Number _____

2. Checked-in Date

3. Dates of Exemption Claimed From To

4. Checked-out Date

5. Number of days claimed based on line "3"

6. Pursuant to Title IV section 4.72 of the City of San Jose Municipal Code, the undersigned hereby requests to be exempted from paying Transient Occupancy Tax in the amount of \$ _____ since the occupancy period was more than thirty consecutive days.

7. Claim Amount:	\$ _____	X	_____	=	_____
	Daily Room Rate		Number of Days (correspond to line "5")		Total Rent
			X 10%	=	_____
		Total Rent	Rate		Total Tax

Claimant's Affidavit:

I hereby certify that I have been credited/refunded Transient Occupancy Tax in the amount of \$ _____ previously paid by me but not due. I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature of Claimant Phone Number Date

For Hotel/Motel Operator: To validate the exemption claim, this form must be completed, signed, and attached to your tax return when you file. Statement such as "signature on file" and/or unsigned are grounds for disallowance of your claim. Please retain a photocopy for your records.

Name of Hotel/Motel: _____ Name of Person taking Exemption: _____

For City of San Jose Use: Approved _____ Denied _____ Reviewed by: _____