

## CITY OF LATHROP TRANSIENT OCCUPANCY TAX GOVERNMENT EMPLOYEE – EXEMPTION CLAIM FORM

## **Finance Department**

390 Towne Centre Drive, Lathrop, CA 95330 Main: (209) 941-7320 Fax: (209) 941-7339 Email: billing@ci.lathrop.ca.us

[ ] Federal Governme	nt Employee [	_				
[ ] Foreign Governme	nt Employee (if	exempt by reas	on of express provisio	ons of Federal La	ıw or International Trea	ty)
Hotel Name:						
Hotel Address:						
Date of occupancy: Fron	n:	_To:	Tot	al rent paid:		
Name of Employee Claiming Exemption			Government Agency			
Agency Department			Phone Number			
Government Street Add	dress	-	City	Stat	te Zip (	Code
I certify that the occupathat I am the officer or incurred in the perforn	employee of the	governmenta	al agency named ab	ove, and that		and
I declare under penalty	of perjury that	the foregoing	is true and correc	t.		
Executed this California	day of _			, 20	at Lathrop,	
Signature of Hotel Gue	st Claiming Exer	mption				

**OPERATOR**: A separate exemption claim form is required from each person. Do not accept the claim unless the person provides you with at least one of the acceptable proof exemptions forms shown below\*. The original of this form **AND** a copy of the proof of exemption must be maintained by the operator as part of the business records of the claim for exemption from tax may not be approved. The employee must provide photo identification issued by the exempt government agency.

## A CONTRACTOR FOR A GOVERNMENT AGENCY IS NOT EXEMPT FROM TRANSENT OCCUPANCY TAX.

## \*Acceptable proof of exemption:

- 1. A copy of the warrant or check drawn on the treasury of the United States or State of California.
- 2. A copy of the official travel orders indicating the issuing governmental agency and the person's full name.
- 3. A copy of a letter on the official letterhead of an exempt governmental agency requesting exemption and listing the employee's name and stating that the stay is for official government business. The dates of occupancy must also be included.