



**Courtney Progner Morrow
Treasurer – Tax Collector
and County Clerk**

Treasurer (209) 966-2830 - Tax Collector (209) 966-2621 - County Clerk / Registrar of Voters (209) 966-2007 - Fax (209) 966-6496

**EXEMPTION CLAIM FORM
TRANSIENT OCCUPANCY TAX**

This is to certify that I, the undersigned, am exempt from the imposition of Transient Occupancy Tax imposed by this hotel/motel/inn collecting the tax on behalf of the County of Mariposa by Ordinance #953.

My right of exemption from the transient tax is claimed in the amount of \$ _____ for the following reason:
(please check the appropriate box)

- Any officer or employee of a foreign government who is exempt by reason of express provision of federal law or international law.**
- Federal government employee on official business .**
- Employees of insurance companies while performing insurance related business. This exemption shall apply only to those insurance companies which do business in California and which pay the California State Gross Premiums tax annually pursuant to California Constitution Article XIII, Section 28, in lieu of all other taxes.**
- Employees of federal credit unions while performing credit union business. This exception shall apply only to those credit unions organized and operating under the Federal Credit Union Act.**

Name of Hotel/Motel/Inn: _____ Date/s of Occupancy: _____
Room Rate: \$ _____ Room Number: _____

Name of Government Agency: _____
Address: _____
Phone Number: _____
Name of Immediate Supervisor: _____

I have submitted a copy of my credentials supporting my claim.

Signature of Claimant _____ **Date:** _____

NOTICE TO FACILITY OPERATORS:

- The Transient Occupancy Tax Exemption Claim Form shall not be approved unless the person requesting the exemption presents satisfactory credentials/orders reflecting current performance of official duties.
- A copy of the credentials/orders of the person requesting the exemption shall be attached to each exemption form.
- A separate exemption claim must be filed for each occupied room subject to rental for which the exemption is requested.
- **Do not send the exemption claim to the Tax Collector.** The hotel/motel/inn operator must retain the original exemption claim form and all supporting documents for a period of three years.

VERIFICATION OF EXEMPTION CLAIM

Printed Name of Claimant: _____

Work Number: _____ Date: _____

Signature of Employee Validating Claim: _____