



CITY OF BELMONT

Transient Occupancy Tax (TOT) Exemption Claim Form Occupancy OVER 30 Days

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 City of Belmont per **City Code § 3-4-2 and § 3-4-4**.

ESTABLISHMENT NAME _____

REPORTING PERIOD (MM / YYYY) _____

- Use this form to claim exemption for all occupants staying longer than thirty (30) days.
- A separate claim is required for each occupancy over 30 days. Occupancy must be continuous.
- This form must be completed, signed by both lodging establishment and occupant, and remitted with the Monthly Transient Occupancy Tax Return or it will not be counted as an exemption.
- Keep a copy of this form for your records and maintain records to support claimed exemptions.

NAME OF OCCUPANT _____ ROOM # _____

DATE FIRST OCCUPIED _____ / ____ / ____
(Original Check-in Date)

DATE EXEMPTION STATUS BEGAN _____ / ____ / ____
(31st day of occupancy)

DATE OF CHECK-OUT _____ / ____ / ____
(Enter N/A if still occupying room past last day of month)

NUMBER OF DAYS EXEMPT THIS MONTH (Exempt days within this reporting period only)	x	DAILY ROOM RATE (Base daily room rent, exclude tax)	=	TOTAL EXEMPTION AMOUNT (Enter on Line 2 on tax return)
_____ DAYS	x	\$ _____	=	\$ _____

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

Occupant's Signature

Date

Lodging Establishment Agent Signature



CITY OF BELMONT

Transient Occupancy Tax (TOT) Exemption Claim Summary 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**. The TOTAL DOLLAR AMOUNT claimed on this form MUST EQUAL the DOLLAR AMOUNT DEDUCTED on LINE ITEM #2 of the TAX RETURN FORM.

ESTABLISHMENT NAME _____

REPORTING PERIOD (MM / YYYY) _____

Name of Tax Exempt Occupancy	Room Number	Dates of Occupancy From To		Total Amount of Rent Collected
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

TOTAL EXEMPTION AMOUNT
(Enter on Line 2 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