City of Saratoga

Transient Occupancy Tax Exemption Summary Report

(Attach this form to the Transient Occupancy Tax Return)

Hotel Name: _____

Reporting Period Dates: From: _____ To: _____

Operator: Use this form to report guests exempt from transient occupancy tax. Exemptions are subject to audit.

Item No.	Guest Name	G / F / L Exempt. Code (1)	Original Check-in Date	Exemption Dates This Quarter Start	End	Number Days Exempt	Daily Rate	Total Dollars Exempt
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
					Total exempt dollars this page:		$	

(1) Exemption Codes:
G = Federal or State of California Employee
F = Foreign Governmental Employee
L = Long-term Stay (over 30 consecutive days)