City of Solvang

Transient Occupancy Complimentary Room Exemption Form

(Attach this form & all supporting documents to the Transient Occupancy Tax Return)

Reporting Period: _____
Month Year

*Taxable

Folio #	Room #	Occupant/Organization Name	Reason for the Comp Room	Original Check In Date	(A) Number of Comp Days	(B) Avg. Monthly Room Rate	Taxable Value of Comp Room A X B

Total this page: $

Enter Total on Transient Occupancy Tax Return Part 2A

*Non-Taxable

Folio #	Room #	Occupant/Organization Name	Exemption Code* A – J	Number of Days Exempt	Original Check In Date	Exemption Dates Start	End

***Exemption Codes:**

A-FAM Tours
B-Host Visits
C-Media
D-Film Productions
E-Tours Groups
F-Events
G-Marketing Partners
H-Charity/Non Profit Groups
I-Family Visitors/Owners
J-Others

*Copies of hotel records (folios) of complimentary rooms must be provided with monthly returns and listed on the remittance form under the category in which it falls. Documentation of the reason for the complimentary room shall be included with the remittance or noted on the hotel records provided.

I DECLARE UNDER PENALTY OF PURJURY THE FOREGOING INFORMATION MADE HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature: **Date:**

City of Solvang Staff
Reviewed by: _____

9/2/2015
TOT - Exempt