



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE TREASURER & TAX COLLECTOR- BUSINESS TAX SECTION
 Street Address: 1 Dr. Carlton B. Goodlett Place, Room 140, San Francisco, CA 94102
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José Cisneros
Treasurer

George Putris
Tax Administrator

TRANSIENT OCCUPANCY TAX
TYPE "B" EXEMPTION CERTIFICATE
FOR EXEMPT CORPORATION OR ORGANIZATION

This form is to be completed by a representative or employee of an exempt corporation or organization requesting an exemption from San Francisco's Transient Occupancy Tax under Sec. 506 (b) of the San Francisco Business and Tax Regulations Code. The hotel operator, as defined under Article 7 Sec. 501 of the Business and Tax Regulations Code, must retain this completed form and supporting documents for five years.

Name of Hotel:		
Address: <i>(Number & Street)</i> San Francisco, CA (Zip)		
Dates of Occupancy: <i>(Check In:)</i> <i>(Check Out:)</i>	Amount Paid for the Room: \$	
Employee Name: <i>(First Name)</i> <i>(Last Name)</i>		
Employee Address: <i>(Address)</i> <i>(City)</i> <i>(State)</i> <i>(Zip)</i>		
Employee Telephone #: <i>() ()</i>	Driver's License: <i>(State)</i> <i>(Number)</i>	
Name of Corporation or Organization:		
Organization Address: <i>(Address)</i> <i>(City)</i> <i>(State)</i> <i>(Zip)</i>		
Organization Telephone #: <i>() ()</i>		
I hereby declare under penalty of perjury that I am a representative or employee of the exempt corporation or organization indicated above; and that such charges are incurred in the performance of my official duties as a representative or employee of such exempt corporation or organization; and that the foregoing facts and statements are true and correct.		
Executed at: <i>(City)</i> <i>(State)</i>		
Signature:	Date:	
NOTE: In all cases in which the tax is not collected by the operator, the operator shall be liable to the Tax Collector of the City and County of San Francisco for the tax due on the taxable rent received for the rental as though the tax had been paid by the occupant. Operators should not accept this certificate unless the person presenting it submits satisfactory proof that he/she meets the requirements for the exemption (e.g. organization's IRS Exemption Letter or Certification.). A separate exemption certificate is required for each occupant claiming this exemption.		
TO BE COMPLETED BY HOTEL OPERATOR/STAFF		
This exemption is not valid unless a copy of the organization's IRS Exemption Letter or Certification is attached.		
Verified by:		
_____	_____	_____
Print Hotel Employee's Name	Hotel Employee's Signature	Date