



**CITY OF CORONA
 Transient Occupancy Tax
 Exemption Claim Summary**

Name of Hotel: _____ **Reporting Period:** _____

Address of Hotel: _____

Exemption Claim # (Please enter 1, 2 or 3): _____

1. Occupancy more than 30 days (Supporting documentation must be kept on file with the hotel)
2. Officer or employee of foreign government exempt by federal law or international treaty (Requires copy of Tax Exemption Card)
3. Official or employee of government agency exempt by federal law (Requires Exemption Affidavit)

Room #	Occupant/Organization Name	Exemption Claim #	Original Check-In Date	Claim Period From/To	Hotel Rent Charges
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	
				/	

TOTAL AMOUNT OF EXEMPT CHARGES (Transfer to Tax Return Form, line 2) \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING INFORMATION MADE HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ (Signature)

_____ (Date)

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