



Transient Occupancy Tax

Type "A" Exemption Certificate for Governmental Agencies

This form is to be completed by a representative or employee of a governmental agency requesting an exemption from San Francisco's Transient Occupancy Tax under [Article 6, Sec. 6.8-1\(a\) \(1\), \(2\), or \(3\)](#) of the San Francisco Business and Tax Regulations Code. The 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 Operator:		
Address:		
(Number & Street)		San Francisco, CA (Zip)
Dates of Occupancy:		Amount Paid for the Room:
(Check In:)	(Check Out:)	\$
Employee Name:		
(First)		(Last)
Employee Address:		
(Number & Street)		(City, State, Zip)
Employee Telephone #:	Employee Driver's License:	
()	(State) (Number)	
Type of Government:		
<input type="checkbox"/> Federal <input type="checkbox"/> State of _____ <input type="checkbox"/> Local Government: _____		
Government Agency:		Agency Telephone #:
(Name of Agency)		()
Home Office Location:		
(Number & Street)		(City, State, Zip)
I hereby declare under penalty of perjury that I am a representative or employee of the governmental agency indicated above; and that such charges are incurred in the performance of my official duties as a representative or employee of such agency; and that the foregoing facts and statements are true and correct.		
Executed at: (City) _____, (State) _____		
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 presents satisfactory proof that meets the requirement for the exemption (e.g. Government Agency Calling Card, Agency Letter, or Identification Card). A separate exemption certificate is required for each occupant claiming this exemption.		
TO BE COMPLETED BY OPERATOR/STAFF		
This exemption is not valid unless the occupant's Government Agency Calling Card, Agency Letter, or ID Card is presented.		
Verified by:		
_____	_____	_____
Print Employee's Name	Employee's Signature	Date



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 [Article 7, Sec. 506 \(b\)](#) of the San Francisco Business and Tax Regulations Code. The 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 Operator:	
Address: <small>(Number & Street)</small> San Francisco, CA <small>(Zip)</small>	
Dates of Occupancy: <small>(Check In:)</small> <small>(Check Out:)</small>	Amount Paid for the Room: \$
Employee Name: <small>(First)</small> <small>(Last)</small>	
Employee Address: <small>(Number & Street)</small> <small>(City, State, Zip)</small>	
Employee Telephone #: ()	Employee Driver's License: <small>(State)</small> <small>(Number)</small>
Name of Corporation or Organization:	
Organization Address: <small>(Number & Street)</small> <small>(City, State, Zip)</small>	
Organization Telephone #: ()	
<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.</i>	
Executed at: <small>(City)</small> , <small>(State)</small>	
Signature:	Date:
<p>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.</p> <p>Operators should not accept this certificate unless the person presents satisfactory proof that meets the requirement for the exemption (e.g. organization's IRS Exemption Letter or Certification). A separate exemption certificate is required for each occupant claiming this exemption.</p>	
<p>TO BE COMPLETED BY OPERATOR/STAFF</p> <p>This exemption is not valid unless a copy of the organization's IRS Exemption Letter or Certification is attached.</p> <p>Verified by:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;">Print Employee's Name</div> <div style="width: 30%;">Employee's Signature</div> <div style="width: 30%;">Date</div> </div>	



Transient Occupancy Tax

Type "C" Exemption Certificate for Foreign Diplomatic or Consular Personnel & Dependents

This form is to be completed by a Foreign Diplomat, Consular Service Personnel Member or qualified dependent of such, requesting exemption from San Francisco's Transient Occupancy Tax under [Article 6, Sec. 6.8-1\(a\) \(4\)](#) of the San Francisco Business and Tax Regulations Code. The 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 Operator:		
Address: (Number & Street) _____ San Francisco, CA _____ (Zip) _____		
Dates of Occupancy: (Check In:) _____ (Check Out:) _____		Amount Paid for the Room: \$ _____
Foreign Diplomat/Consular Name: (First) _____ (Last) _____		
Foreign Diplomat/Consular USA Address: (Number & Street) _____ (City, State, Zip) _____		
Foreign Diplomat/Consular Telephone #: () _____	Driver's License: (Country/State) _____ (Number) _____	
Country Represented:		
Foreign Agency Headquarters: (Number & Street) _____ (City, State, Zip) _____		
Foreign Agency Telephone #: () _____		
<p>I hereby declare under penalty of perjury that:</p> <ol style="list-style-type: none"> 1) I am a Foreign Diplomat, Consular Service Personnel Member or qualified dependent of such. 2) I understand that in order to be exempt from the payment of Transient Occupancy Taxes, I must present a valid Individual or Mission Tax Exemption Card bearing my name. 3) I understand that no exemption will be granted if I do not submit a copy of a valid Department of State Tax Exemption Card. 4) The foregoing facts and statements are true and correct. 		
Executed at: (City) _____, (State) _____		
Signature: _____		Date: _____
<p>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.</p> <p>Operators should not accept this certificate unless the person presenting it submits satisfactory proof that meets the requirements for the exemption (e.g. an Individual or Mission Tax Exemption Card.) A separate exemption certificate is required for each occupant claiming this exemption.</p>		
TO BE COMPLETED BY OPERATOR/STAFF		
<p>This exemption is not valid unless a copy of the Individual or Mission Tax Exemption Card is attached.</p> <p>Verified by: _____</p>		
Print Employee's Name _____	Employee's Signature _____	Date _____



Transient Occupancy Tax

Type "D" Exemption Certificate for Permanent Resident/Guest

This form is to be completed by: (1) a permanent resident or (2) a guest whose rent is less than \$60 a day or \$149 a week, who requests exemption from San Francisco's Transient Occupancy Tax under [Article 7, Sec. 506 \(a\) or \(c\)](#) of the San Francisco Business and Tax Regulations Code. See [Tax Collector Regulation 2007-1](#) for more information. The 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 Operator:	
Address: (Number & Street) San Francisco, CA (Zip)	
Type of Exemption: <input type="checkbox"/> Permanent Resident for at least 30 consecutive days (check appropriate box) <input type="checkbox"/> Guest whose Rent is less than \$60 a day or \$149 a week	
Dates of Occupancy: (Check In:) (Check Out:)	Amount Paid for the Room: \$
Resident/Guest Name: (First) (Last)	
Resident/Guest Address: (Number & Street) (City, State, Zip)	
Resident/Guest Telephone #: ()	Driver's License: (State) (Number)
Resident/Guest Suite Number:	
<i>I hereby declare under penalty of perjury that I am a resident/guest as indicated above and that the foregoing facts and statements are true and correct.</i>	
Executed at: (City) , (State)	
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.	
TO BE COMPLETED BY OPERATOR/STAFF This exemption is not valid unless copies of the lease contract/agreement or proof of payment (non-refunded) for at least 30 days of continuous occupancy are attached. Verified by: Print Employee's Name Employee's Signature Date	