

Transient Occupancy Tax Program
585 Fiscal Drive, Ste. 100
Santa Rosa, CA 95403



Phone: (707) 565-7133
E-Mail: tot@sonoma-county.org
Fax: (707) 565-1167

CLAIM FOR EXEMPTION FROM TRANSIENT OCCUPANCY TAX

Business Name: _____ TOT Certificate #: _____

The undersigned claims exemption from paying the 12% Transient Occupancy Tax (TOT) and, if applicable, the 2% Business Improvement Area (BIA) Assessment based on the following:
(Check One)

- Temporary Emergency Shelter (Attach Voucher)
- Complimentary stay for the property owner or the property owner's family

Amount of Rent Collected \$ _____

Dates: _____ through _____
(MM/DD/YY) (MM/DD/YY)

I declare under penalty of perjury the statements herein are true, correct, and complete to the best of my knowledge.

Occupant/Guest's Signature: _____

Occupant/Guest's Printed Name: _____

NOTICE TO OPERATORS: Prepare two copies of this form, attach one copy to your Tax Return and retain the other copy for your records. For complete definitions of Exemptions, see Sonoma County Ordinance No. 5823 Section 12-12. The County reserves the right to audit these records per Section 12-18.