COUNTY OF ALAMEDA - UNINCORPORATED AREAS
HOTEL AND LODGING TAX EXEMPTION REPORT
Use this form to report guest exempt from hotel and lodging tax.

Hotel Name:_____   Reporting period: Month:_____ Year:_____

Exemptions listed here are subject to audit

Room No.	Guest Name	Exempt Codes * G-F-L	Number of Days Exempt	Daily $ Rates	Weekly $ Rates	Total Dollar Exempt	Original Check In Date	Check Out Date	Exempt This Month Start	Dates Month End

Total Exempt Amount: _____

Operator: Attach this form and all supporting documents to the Hotel and Lodging Tax Monthly Remittance Report

* Exempt Codes
G = Federal or State Governmental Employee
F = Foreign Government Employee
L = Long-term over (30 days) tenant

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