



OFFICE OF THE  
TREASURER-TAX COLLECTOR

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## AFFIDAVIT OF EXTENDED OCCUPANCY

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**Affidavits submitted after the delinquency date will be denied.**

This form must be submitted with your return, for each guest staying over thirty (30) days (Ordinance 3792) to justify the non-collection of TOT. Failure to submit this form, complete and with original signatures shall result in the denial of exemption.

Hotel guests **are exempt from paying the transient occupancy tax on the thirty-first (31st) day** of an **uninterrupted stay** at the hotel. Hotel guests, however, are **not entitled to a refund** of taxes paid for the first thirty (30) days of occupancy even though they are still residing at the hotel on the thirty-first (31st) day.

If, on the date of registry, it is a guest's initial plan to occupy a room at the hotel for a period longer than thirty (30) days, the guest must, at that time, enter into a written agreement to that effect with owner/operator. This agreement must be in a form acceptable to the Tax Collector and **a copy thereof submitted** with the appropriate Transient Occupancy Tax Return. (Section 1-4-120).

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**To be completed by Operator:**

Facility Name: \_\_\_\_\_ Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

Check in Date: \_\_\_\_\_ Original 31<sup>st</sup> Day: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

**NOTICE:**

**If the Tax Collector determines that the nonpayment of any remittance due under this chapter is due to fraud, a penalty of twenty-five percent (25%) of the amount of the tax shall be added thereto in addition to the penalties stated in Section [(1-4-131(c))].**

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### DECLARATION OF GUEST AND HOTEL REPRESENTATIVE

I declare, under penalty of perjury, that I have been a guest at the above-named facility for more than **thirty (30) consecutive days**.

Printed Name: \_\_\_\_\_ Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I declare, under penalty of perjury, that the statement made by the above guest is true, that he/she has been a guest for more than thirty (30) consecutive days and that the signature above is the original signature of the hotel guest.

Operator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Title: \_\_\_\_\_

**Affidavits that are incomplete, altered, illegible, or submitted without signatures will be denied.**