



OFFICE OF THE
TREASURER-TAX COLLECTOR

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AFFIDAVIT OF EXTENDED OCCUPANCY

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).

To be completed by Operator:

Facility Name: _____ Quarter: _____ Year: _____

Check in Date: _____ Original 31st 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))].

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.