



City of La Mirada  
13700 La Mirada Blvd  
La Mirada, California 90638  
(562) 943-0131

**Transient Occupancy Tax Exemption for United States Government Employees or Foreign Government**

Persons claiming exemption from the City of La Mirada's Transient Occupancy Tax pursuant to the La Mirada Municipal Code Section 3.06.040 must complete this form. Room occupancy is exempt from such taxation only if your employer is expressly exempt from such taxation under federal law or international treaty and the incidence of the tax would otherwise fall upon your employer. Any exemption applies only to those days during which you are engaged in business for your employer and not to other days of your occupancy. Please **PRINT** all information.

No exemption allowed for State, County, or City employees, Non-Profit Organizations, Universities/Schools, Religious Organizations, or Federal Government Contractors

Check appropriate box for employer type:

- Federal Government Employee (including Military/National Guard) *on official business* (**No** contractors)
- Federal Credit Union Employee or Amtrak Employee *on official business only*
- Representatives of Foreign Governments (*with U.S. Issued Diplomatic Tax Exemption Photo ID Card*)
- Federally Recognized Indian Tribes (*on official business only*)

Hotel or Motel Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person Occupying Room and Claiming Exemption: \_\_\_\_\_

Title: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Name of Federal Employer: \_\_\_\_\_ Federal Dept.: \_\_\_\_\_

Employer/Agency Address: \_\_\_\_\_  
(Including City, State & Zip)

Purpose of Stay: \_\_\_\_\_

Name and telephone number of Supervisor to verify Business Purpose: \_\_\_\_\_

Dates(s) of occupancy covered by this exemption while on official business: \_\_\_\_\_

**Certification**

I certify that my above-named employer is exempt from the payment of any transient occupancy taxes of the City of La Mirada. I hereby acknowledge and agree that the above listed hotel or motel stay is only for the performance of my official duties by my above-named employer. If this stay is used for non-business purposes, I shall be liable for payment of the applicable transient occupancy tax of the City of Anaheim for my occupancy on such non-business days.

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Person Occupying Room                      Printed Name                      Date



City of La Mirada  
13700 La Mirada Blvd  
La Mirada, California 90638  
(562) 943-0131

***TO BE COMPLETED BY HOTEL/OPERATOR STAFF:***

Documentation Reviewed & Verified by:

Print Hotel Employee's Name

Signature of Hotel Employee

Date

Documentation supporting this exemption shall be retained for future audit and attached to this completed and signed form. Incomplete information and documentation may result in disallowed exemption. Questions regarding Transient Occupancy Tax exemptions should be directed to:

City of La Mirada  
Administrative Services Department  
(562) 943-0131  
[administrative\\_services@cityoflamirada.org](mailto:administrative_services@cityoflamirada.org)