

**COUNTY OF HUNTINGDON  
HOTEL EXCISE TAX  
EXEMPTION CERTIFICATE**

Name of Establishment: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Occupant or Renter using this certificate **ARE EXEMPT** from the Hotel Excise Tax because:

- ( ) 1. Permanent Resident: Person has a rental period of 60 consecutive, completed days of uninterrupted occupancy. Date occupancy began: \_\_\_\_\_
- ( ) 2. Ambassadors, Ministers and Consular Officers of Foreign Government: submitted written proof that the Official is accredited to the United States. Occupant / Renter is a/an \_\_\_\_\_ Exemption # \_\_\_\_\_
- ( ) 3. Commonwealth and Federal Employees: Exhibited a copy of TDY orders ( Temporary Duty). *Attach copy*
- ( ) 4. Military personnel and Government Employees: Exhibited a copy of TDY orders. *Attach copy*
- ( ) 5. Other \_\_\_\_\_  
( Explain in detail )

I am authorized to execute this Certificate and claim this exemption. I have examined the documentation tendered by the occupant / renter claiming to be exempt from this tax and have found such documentation supportive of exemption claimed.

Name of Occupant / Renter: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip Code

Price Charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Vendor's Signature Signer's Title Date

The Establishment shall maintain records to support and identify all exempt occupancies. Submit this form on a quarterly basis. This form can be duplicated.

VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

**ORIGINAL - County Copy**

**DUPLICATE - Hotel Copy**