

## **AFFIDAVIT OF EXTENDED OCCUPANCY**

## SHASTA COUNTY TREASURER AND TAX COLLECTOR TRANSIENT OCCUPANCY TAX

ATTENTION OWNER/OPERATOR: This form must accompany your quarterly (or more frequent) Transient Occupancy Tax Return [Section 3.16.060] for each guest staying over thirty (30) days in order to justify non-collection of the Transient Occupancy Taxes [Section 3.16.010]. If this form, with an original signature of the guest affixed, does not accompany the aforementioned return, the Transient Occupancy Tax payment computed on the gross monthly receipts, shall be required.

LODGING NAME:	
QUARTERLY REPORTING PERIOD (Month/Year): from	through
stay at the lodging. Guests, however, are not entitled to a reful though they are still residing at the lodging on the thirty-first (	
THE OWNER/OPERATO	OR MUST INDICATE BELOW
1. The guest's <u>original</u> thirty-first (31 <sup>st</sup> ) day of occupancy:	
2. The date(s) that Transient Occupancy Taxes <u>were not</u> collected	ed for this guest (during this reporting period only):
From	through
(31st day <u>or</u> the first day of occupancy for this reporting period)	
Occupancy taxes due to the guest's stay exceeding thirty (30)  WARNING! "If the Tax Collector determines that the nonpage."	hereinafter-referenced guest, which was not subject to Transient days: \$  yment of any remittance due under this chapter is due to fraud, a tax shall be added thereto in addition to the penalties stated in ion 3.16.070(C))
DECLARATION OF GUEST A  I declare, under penalty of perjury, that I have been a guest at the ab	AND LODGING REPRESENTATIVE  nove-named lodging for more than thirty (30) consecutive days.
Name of Guest (Printed)	Signature of Guest Dated:
Guest Phone Number (Required)	
	bove guest is true, that he/she has been a guest for more than thirty (30) re of the guest.
Name of Lodging Representative (Printed)	Signature of Representative
Form Undated: July 17, 2022	Dated: