## Jefferson County Hotel Tax Permanent Resident Exemptions

Year 20\_\_\_

1 <sup>st</sup> Quarter	_ 2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Name of Establishmer	nt		
Permanent Residents	(thirty days of	uninterrupted occ	cupancy):
Guest	Dates of	Оссирапсу	Quarterly Charge
			\$
			\$
			<b>5</b>
			\$
			\$
			\$
*******			
<b>Total Permanent Resid</b>	dent Exemption	5	
I certify that I am familiar with the Jeffers The undersigned Applicant hereby swe that false statements herein made are s	ears and affirms that the info	mation above is true and come	ct. The undersigned understand nswom falsification to authorities
Authorized Signature		L	Date
Establishment must be		oon request, any "Ind	lividual Exemption

Applications" filed for Permanent Residents.

This form must accompany any Quarterly Tax Return claiming Permanent Residents.