

City of Santa Fe Lodger's Tax Exemption Form

| | Date: |
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| | |
| STR Permit #: | FEIN or SSN: |
| ny who is operating a short-ter he requirement to remit Lodger less than three total rooms (al | l rooms, not just bedrooms) |
| and bathrooms included in the oms | short-term rental: |
| e short-term rental: Dining Room | |
| nort-term rental guests: | |
| | |
| ith this form. | |
| e is true and correct in every ma d if the information provided is | terial matter. I understand that not accurate. |
| of owner | Date |
| owner | |
| Department Use Only By: | Date: |
| | ny who is operating a short-term he requirement to remit Lodger f less than three total rooms (al and bathrooms included in the oms |