Idaho State Tax Commission
SALES TAX EXEMPTION ON LODGING ACCOMMODATIONS
Claimed by Employees Using A Qualifying Credit Card Payment

Hotel/Motel/Campground Name (Seller)  

Guest (Name)  

Driver's license number  

Address  

Address  

City  

State  

Zip Code  

City  

State  

Zip Code  

This exemption does not apply if you pay charges from your own personal funds or from expense reimbursements. To qualify, the credit card company must directly bill your employer.

I am an employee of a(n):

☐ U.S. Government Agency

Name of Agency: ____________________________

Qualifying Type of Card:  ☐ Purchase Card  ☐ Fleet Card  ☐ Travel Card

Credit Card Number: ____________ ____________ ____________ ____________

• Purchase cards will be either VISA (beginning with 4486, 4614, or 4716) or MasterCard (beginning with 5565 or 5568).

• Fleet cards will be either Voyager (beginning with 8699) or MasterCard (beginning with 5565 or 5568).

• Travel cards will be either VISA (beginning with 4486 or 4614) or MasterCard (beginning with 5565 or 5568). Travel cards with the sixth digit of 6, 7, 8, 9, or 0 are billed directly to the government agency and qualify for exemption.

• Charges to travel cards with the sixth digit of 1, 2, 3, or 4 are billed directly to the employee, do not qualify for the tax exemption, and are subject to tax.

☐ Idaho State Government Agency

(State schools are included as nonprofit schools under Other Qualified Organizations.)

Name of Agency: ____________________________

Credit Card Number: ____________ ____________ ____________ ____________

• Qualifying cards are MasterCards issued by Wells Fargo Bank. They include the name of the agency and usually the name of a state employee. The card is specifically marked “Tax Exempt.” Other cards such as Diners Club, which include the state agency and an employee name, are billed directly to the employee and do not qualify for exemption.

☐ Idaho Local Government Agency or Other Qualified Organization*

* (See the back of this form for qualified organizations.)

Name of Agency or Qualified Organization: The University of Tennessee

Type of Card:  ☐ MasterCard  ☐ Visa  ☐ American Express

☐ Diner's Club  ☐ Other ____________________________

(Name of Card)

Credit Card Number: ____________ ____________ ____________ ____________

I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Signature of Guest  

Work Address  

Date  

Work Phone Number  

* This form may be reproduced.  

* This form is valid only if all information is complete.  

* The seller must keep this form.