ST-104-HM
TC00140
02-26-03

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/Social Security Number
The Grove Hotel					
Address			Address		
245 S Capitol Blvd.					
City	State	Zip Code	City	State	Zip Code
Boise	ID	83702			

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 an:

☐ **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 or 4716) or MasterCard (beginning with 5568).
- Fleet cards will be either Voyager (beginning with 8699) or MasterCard (beginning with 5568).
- Travel cards will be either VISA (beginning with 4486) or MasterCard (beginning with 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: _____

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 retain this form.