



Office of the Tax Commissioner

**APPLICATION FOR REPAYMENT OF HOTEL OCCUPANCY TAX
TO CONSULAR AND DIPLOMATIC PERSONS**

(For the purposes of Section 30A of the Miscellaneous Tax Act 1976)

1. Name of entitled person: _____
2. Official position of entitled person: _____
3. Address of entitled person: _____

4. Address where repayment is to be mailed if different to above: _____

5. Name and address of Hotel in Bermuda: _____

6. Period of stay in hotel:
FROM: _____ TO: _____
Day Month Year Day Month Year
7. Amount of Hotel Occupancy Tax being claimed: _____
8. Name and official position of person certifying this application:
Name: _____ Title: _____
Signature: _____ Date: _____
Contact #: _____ Email: _____
9. Please attach proof of payment along with statement of account from hotel.

NOTE: This application must be signed by an Officer in Charge and must be presented to the Office of the Tax Commissioner within 2 years from the time of payment. "Entitled person" means a person entitled, under the Consular Relations Act 1971 or the Diplomatic Privileges Act 1980, to exemption from paying taxes incurred by him for hotel accommodation. Please forward the completed application to the Office of the Tax Commissioner, P.O. Box HM 1374, Hamilton HM FX