



**Claim of Exemption for Affiliated Party Leases
Under MCTC Sec. 445(s)**

Taxpayer Name: _____

License Number: _____

The undersigned hereby claims an exemption from City of Scottsdale transaction privilege tax under Model City Tax Code Sec. 445(s) for the gross proceeds of rents of commercial real estate between the following affiliated parties:

Lessor Name _____ Lessee Name _____

Address: _____ Address: _____

Type of Entity _____ Type of Entity _____

Do you collect rent from any other tenants in this building? Yes ___ No ___ (If you do have additional tenants in your building taxes must be remitted for rental income.)

Basis for exemption:

_____ Lessor owns 80% or more of lessee (attach documentation)

_____ Lessee owns 80% or more of lessor (attach documentation)

_____ A third party owns 80% or more of both lessor and lessee:

Name of third party: _____

Address: _____

Ownership interest in lessor (attach documentation): _____

Ownership interest in lessee (attach documentation): _____

Under penalties of perjury, I declare that the above information (including supporting documentation) to the best of my knowledge and belief is true, correct and complete.

Corporate Officer/Owner Signature

Date

Print Name

Phone Number & e-mail address

Return Form & Supporting Documentation To:
City of Scottsdale – License Registration
7447 E. Indian School Rd. Ste. 110, Scottsdale AZ 85251
Fax: (480) 312-4806