

Hotel/Motel Excise Tax Exemption Certificate**Part A OCCUPANT INFORMATION**

1. Occupant's Name		2. Street Address:	
3. Title	4. Date		
5. Name of Business or institution claiming exemption		6. Federal ID No.	7. Telephone No.

Part B AUTHORIZED SIGNATURE

Signature:	Name (please print):	Title:
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Part C HOTEL INFORMATION

1. Name of Hotel, Apartment Hotel or Lodging House:		2. Hotel Address:	
3. Prepared by (Name of Hotel Employee)	4. Arrival Date	5. Departure Date	6. Hotel Vendors License No.

The person signing this form MUST check the applicable box to claim exemption from the hotel/motel excise tax, imposed by CHAPTER 371, COLUMBUS CITY CODES, 1959, and Tax Regulations of the Franklin County Convention Facilities Authority, Section 2(d). Questions should be directed (preferably in writing) to Hotel/Motel Excise Tax, Division of Income Tax, 50 West Gay Street, 4th Floor, Columbus, OH 43215-9037. Telephone (614) 645-7865.

☐ **STATE OF OHIO AND LOCAL GOVERNMENTS AND PUBLIC ELEMENTARY AND SECONDARY SCHOOLS**
I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. "Directly" does not include per diem, entity advances, or similar indirect payments. Caution: This exemption does not apply to government or educational entities of any other states.

☐ **CHARITABLE ORGANIZATION IS PAYING THE HOTEL FOR ACCOMMODATION OF A TRANSIENT INDIGENT INDIVIDUAL.**
I certify that the hotel accommodation was purchased with funds from the entity noted on this form for use by a transient indigent individual. "Transient indigent individual" is a person who is in need of an accommodation as a result of poverty or unfortunate circumstances. Caution: This exemption does not apply to a non-profit or religious organization when paying for the accommodation of its members.

☐ **GUEST HAS OCCUPIED A ROOM OR ROOMS FOR SLEEPING ACCOMMODATIONS FOR MORE THAN THIRTY (30) CONSECUTIVE DAYS**
FROM _____ TO _____
I certify that I have occupied a hotel room for more than thirty (30) consecutive days. Caution: Corporations or other employers must have a written agreement with the hotel to reserve (block) and rent lodging for employees who use the rooms less than thirty consecutive days in length in order to claim this exemption.

☐ **UNITED STATES GOVERNMENTAL EXEMPTION**
I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. "Directly" does not include per diem, entity advances, or similar indirect payments. Rooms rented to federal government employees who are paying with cash, personal check or personal credit card are subject to tax. This is true even if the employees will be reimbursed by the federal government.

To be valid this certificate must be filled out completely, including a check mark in the proper box. Please sign, date and, if applicable, include your entity's federal identification number.

NOTE TO VENDOR – Keep a copy of this certificate for your records since it must be available for audit review.

NOTE TO TRANSIENT GUESTS – Keep A COPY OF THIS CERTIFICATION FOR YOUR RECORDS. You are responsible to notify the vendor of cancellation, modification, or limitation of the exemption you have claimed.

Do not send this certification to the Income Tax Division. Keep it with your records in case of audit.

The Columbus Income Tax Division administers hotel excise tax for Columbus and the Franklin County Convention Facilities Authority.