

<b>Part A</b>			<b>OCCUPANT INFORMATION</b>								
1. Occupant's Name		2. Title									
<b>Part B</b>						<b>BUSINESS OR INSTITUTION AUTHORIZATION</b>					
1. Name of Business or Institution Claiming Exemption				2. Federal ID No.		3. Telephone No.					
4. Street Address, City, State and Zip of Business or Institution											
5. Authorized Signature (Treasurer or Financial Officer of Business or Institution):			6. Name (please print):								
7. Title			8. Date								
<b>Part C</b>						<b>HOTEL INFORMATION</b>					
1. Name of Hotel, Apartment Hotel or Lodging House:				2. Arrival Date		3. Departure Date					
4. Hotel Address:		5. Prepared by (Name of Hotel Employee)			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 COLUMBUS CITY CODES Chapter 371.2(e) and Tax Regulations of the Franklin County Convention Facilities Authority, Section 2(d). Questions should be directed (preferable in writing) to Hotel/Motel Excise Tax, Division of Income Tax, 50 West Gay Street, 4<sup>th</sup> Floor, Columbus, OH 43215-9037. Telephone (614) 645-7865.

**STATE AND LOCAL GOVERNMENTS AND POLITICAL SUBDIVISIONS THEREOF**  
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.

**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. Caution: "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. Fill in the GSA centrally billed credit card type, prefix and sixth digit:

PLATFORM (Visa and etc.)

PREFIX (First four digits)

SIXTH DIGIT

**NOTE TO VENDOR** – To be valid this certificate must be filled out completely. Transaction to be reported and exemption claimed at conclusion of quest occupancy. Do not send this certification to the Columbus Income Tax Division. Keep a copy of this certificate for your records since it must be available for audit review

**NOTE TO TRANSIENT GUESTS** – Parts A & B must be completed prior to and submitted at the time of registration. Legible faxed or scanned exemption certificates received by the vendor from qualifying businesses or institutions will be accepted. Multiple quests from same business or institution may submit one exemption certificate along with schedule detailing individual occupant information in Part A. Do not send this certification to the Columbus Income Tax Division. **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.