LODGING TAX EXEMPTION REPORT

Summit County, Ohio

Parcel Number: __ __ - __ __ __ __ __ Unique ID Number: _____

Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer, 175 South Main St., Akron, OH 44308
Phone: (330)643-2437 Email: summittreas@summitoh.net Website: http://FiscalOffice.summitoh.net

HOTEL NAME: _____ FOR THE MONTH AND YEAR OF:_____

Exemptions listed here are subject to audit

Room No.	Folio No.	Guest Name	Exempt Codes* G-F-L-A	Number of Days Exempt	Daily/ Weekly $ Rates	Total Dollar Exempt	Original Check-in Date	Check Out Date	Exempt Dates This Month	
									Start	End
		Total Exempt Amount:								

Exempt Codes:

G = Federal or State Governmental Employee
F = Foreign Government Employee
L = Long-term, over 30 days, tenant
A = Airline Contracts

HOTEL REPRESENTATIVE: Attach this form to the Lodging Occupancy Tax Return. Also, please remember that all supporting documentation must be retained for at least 4 years or until the audit has been completed for that time period. If you have questions, please call the Lodging Excise Tax Department at (330) 643-2437.

Kristen Scalise CPA, CFE
Summit County Fiscal Officer