



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