



LODGING TAX EXEMPTION REPORT

Summit County, Ohio

Parcel Number: _____ Unique ID Number: _____

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 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:	
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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