



## HOTEL TAX EXEMPTION CERTIFICATE

|  |   |                   |
|--|---|-------------------|
| <b>Part I Occupant Information</b>   |   |                   |
| 1. Occupant's Name   |   | 2. Title          |
| <br>   |   |                   |
| <b>Part II Business or Institution Authorization</b>                                 |   |                   |
| 1. Name of Business or Institution Claiming Exemption                                | 2. Federal ID No.                       | 3. Telephone No.  |
| Lucas County Board of Commissioners  | 34-6400806                              | 419-213-4508      |
| 4. Street Address, City State and Zip of Business or Institution                     |   |                   |
| One Government Center, Suite 480 Toledo, OH 43604                                    |   |                   |
| 5. Authorized Signature (Treasurer or Financial Officer of Business or Institution): | 6. Name (please print):                 |                   |
| Mary Kunckel   | Mary Kunckel                            |                   |
| 7. Title   | 8. Date                                 |                   |
| Director, Support Services   | 1-2-26                                  |                   |
| <b>Part III Hotel Information</b>  |   |                   |
| 1. Name of Hotel or Lodging House:   | 2. Arrival Date                         | 3. Departure Date |
| <br>   |   |                   |
| 4. Hotel Address:  | 5. Prepared by (Name of Hotel Employee) |                   |
| <br>   |   |                   |

The person signing this form must check the applicable box to claim exemption from the hotel excise tax.

### 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 function. 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 ninth digit:

CC Type (Visa, MC, etc.) \_\_\_\_\_ Prefix (First four digits) \_\_\_\_\_ NINTH DIGIT \_\_\_\_\_

**NOTE TO VENDOR** - To be valid this certificate must be filled out completely. Transaction to be reported and exemption claimed at conclusion of occupancy. Do not send this certification to Delaware County. Keep a copy of this certificate for your records since it must be available for audit review.

**NOTE TO TRANSIENT GUEST** - Parts I & II must be completed prior to and submitted at the time of registration. Do not send this certification to Delaware County. 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.