

City of Pickerington

Hotel/Motel Excise Tax Exemption Certificate

(To be completed by guest and submitted to registration)



Part A		OCCUPANT INFORMATION	
1. Occupant's Name		2. Title	
Part B		BUSINESS OR INSTITUTION AUTHORIZATION	
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	
Part C		HOTEL INFORMATION	
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.

GUEST HAS OCCUPIED A ROOM OR ROOMS FOR SLEEPING ACCOMMODATIONS FOR MORE THAN THIRTY (30) CONSECUTIVE DAYS FROM _____ TO _____. I certify that I have occupied a hotel room for more than thirty (30) consecutive days. Caution: Corporations or other employers must have a written agreement with the hotel to reserve (block) and rent lodging for employees who use the rooms less than thirty consecutive days in length in order to claim thus exemptions.

CHARITABLE ORGANIZATION IS PAYING THE HOTEL FOR ACCOMMODATION OF A TRANSIENT INDIGENT INDIVIDUAL I certify that the hotel accommodation was purchased with funds from the entity noted on this form for use by a transient indigent individual. "Transient indigent individual" is a person who is in need of an accommodation as a result of poverty or unfortunate circumstances. Caution: This exemption does not apply to a non-profit or religious organization when paying for the accommodation of its members.

STATE OF OHIO AND LOCAL GOVERNMENTS AND PUBLIC ELEMENTARY AND SECONDARY SCHOOLS 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. Caution: This exemption does not apply to government or educational entities of any other states.

NOTE TO VENDOR – To be valid this certificate must be filled out completely. Transaction to be reported and exemption claimed at conclusion of guest occupancy. Send this certification to the Finance Director, City of Pickerington, 100 Lockville Road, Pickerington, OH 43147. 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 guests from same business or institution may submit one exemption certificate along with schedule detailing individual occupant information in Part A. **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.

Form must be filled out with monthly Hotel/ Motel occupancy tax return.