



Hotel/Motel Occupancy Tax Certificate of Exemption

Hotel/Motel _____

The undersigned hereby claims exemption from Lucas County Lodging Tax and certifies that this claim is based on one of the following reasons:

The **Rent is Paid Directly by (check the one that applies):**

- Federal Government* – **Copy of ID and type of payment must be attached**
- State of _____ (Ohio Excluded)
(Name of State)
- Political Subdivision _____
(Name of State and Subdivision) (Ohio subdivisions excluded)
- Non-Transient Guest – **A copy of the folio representing 30 or more days must be attached**
- Contracted Room – **A copy of the contract must be attached**

Date of Occupancy: From _____ To _____ No. of Days _____

Room Rate: Per Day \$ _____ Total Exemption \$ _____

Occupant Name (**PRINT**)

Hotel Employee Name (**PRINT**)

Address

Title

City, State and Zip

Signature

Date

* In order for the exemption to apply, the payment must be made by the exempt entity, not by the guest.

The vendor **must attach this fully completed and signed certificate** to the tax return and mail to:
Lucas County Board of County Commissioners, Attn.: Office of Management and Budget, One Government
Center, Suite 800, Toledo, OH 43604-2259.