Hotel Motel Room Tax

Tax Exemption Certificate

(Transient Accommodations - Lodging Tax)

City of Cuyahoga Falls

Income Tax Division

2310 2nd Street

Cuyahoga Falls OH 44221

Telephone (330) 971-8220

Fax (330) 971-8219



Part A: OCCUPANT INFORMATION (To be completed by guest and submitted to registration)

1. Occupant's Name

Part B: BUSINESS OR INSTITUTION AUTHORIZATION

1. Name of Business or Inst	titution 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 H	lotel or Lodging House:	
2. Arrival Date	3. Departure Date	
4. Hotel Address	5. Prepared by (Name of Hotel Employee)	
6. Hotel Vendors License No.		

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. Report exempt receipts on Line 3, "Other Exemptions", of your **Hotel Motel Room Tax** quarterly return and attach a copy of this exemption certificate. Keep a copy of this certificate for your records.

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 quests from same business or institution may submit one exemption certificate along with schedule detailing individual occupant information in Part A. You are responsible to notify the vendor of cancellation, modification, or limitation of the exemption you have claimed.

Imposed by Codified Ordinances of the City of Cuyahoga Falls, Ohio, Chapter 163, Transient Accommodations Tax.