



## EXHIBIT "B"

### Lodging Tax Exemption Report

Hotel Name: \_\_\_\_\_

For the Month and Year of: \_\_\_\_\_

PPN#: \_\_\_\_\_

Exemptions listed here are subject to audit

Room No.	Folio No.	Guest Name	Exempt Codes*	Number of Days	Daily/Weekly	Total	Original Check-In Date	Check Out Date	Exempt Dates This Month	
			G-G-L-A	Exempt	\$ Rates	Dollar Exempt			Start	End
		<b>Total Exempt Amount:</b>								

**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 any questions, you may call the Lodging Tax Office at 216-443-7136.