



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* G-G-L-A	Number of Days Exempt	Daily/Weekly \$ Rates	Total Dollar Exempt	Original Check-In Date	Check Out Date	Exempt Dates This Month	
									Start	End
Total Exempt Amount:										

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.

Exempt Codes*

G = Federal or State Governmental Employee
 F = Foreign Government Employee
 L = Long Term over (30 days) Tenant
 A = Airline Contracts