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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-F-L-A**	Number of Days Exempt	Daily/Weekly $ Rates	Total Dollar Exempt	Original Check-In Date	Check Out Date	Exempt Dates This Month Start	Exempt Dates This Month End
				123	123	15,129.00				
				123	123	15,129.00				
				0	0	0.00				
				0	0	0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
				0	0	$0.00				
		Total Exempt Amount:				$30,258.00				

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