



# Lodging Excise Tax Exemption Report

Year: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Quarter Ending \_\_\_\_\_

FID#: \_\_\_\_\_

Exemptions listed here are subject to audit

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

**Exempt Codes\***

G = Federal or State Governmental Employee  
 L = Long Term over (30 days) Tenant

**Representative:** Attach this form to the Lodging Tax Return. Also, please remember that all supporting documentation must be preserved and available for inspection for at least 5 years or until the Finance Director's written consent for their destruction is received. If you have any questions, you may call the Finance Department Office at 440-992-7107