



Madison Village, Lake County OH

# Hotel/Motel Tax Exemption Certificate

(To be completed by guest and submitted to registration)

## Part A OCCUPANT INFORMATION

1. Occupant's Name	2. Title
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## Part B BUSINESS OR INSTITUTION AUTHORIZATION

1. Name of Business or Institution Claiming Exemption	2. FEIN	3. Telephone No.
4. Street Address, City, State, and Zip of Business, Institution, or Permanent Guest		
5. Signature of Treasurer or Financial Officer ; or Signature of Permanent Guest	6. Printed Name	
7. Title	8. Date	

## Part C HOTEL INFORMATION

1. Name of Hotel, or Lodging Accomodation	2. Arrival Date	3. Departure Date		
4. Hotel Address	5. Prepared By (Name of Hotel Employee)			
6. Room #	Rate per Room Per Day	# of Days	TOTAL EXEMPT DOLLARS:	7. Hotel Vendors License No.
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	

The person signing this form MUST check the applicable box to claim exemption from the hotel/motel tax, imposed by Madison Village Ordinances 35-2007, 1-2016, & 22-2023. Questions should be directed (preferable in writing) to Madison Village Tax Administrator, Madison Village, 33 East Main St., Madison, OH 44057. Telephone (440) 428-7526.

<input type="checkbox"/>	<b>PERMANENT GUEST (OCCUPANCY OF 30 CONSECUTIVE DAYS OR MORE)</b> I certify that the hotel accommodation purchased was for an occupancy term of 30 consecutive days or more, and for this reason I am considered a permanent guest for the period indicated on this form.
<input type="checkbox"/>	<b>STATE AND LOCAL GOVERNMENTS AND POLITICAL SUBDIVISIONS THEREOF*</b> I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. "Directly" does not include per diem, entity advances, or similar indirect payments.
<input type="checkbox"/>	<b>UNITED STATES FEDERAL GOVERNMENTAL EXEMPTION</b> I certify that the hotel accommodation purchased is to be paid directly with funds from the entity noted on this form and will be used in the exercise of that entity's essential functions. Caution: "Directly" does not include per diem, entity advances, or similar indirect payments. Rooms rented to federal government employees who are paying with cash, personal check, or personal credit card are subject to tax. This is true even if the employees will be reimbursed by the federal government. Fill in the GSA centrally billed credit card type, prefix and sixth digit  PLATFORM (Visa and etc.) _____ PREFIX (First four digits) _____ SIXTH DIGIT _____

**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. Do not send this certification to the Madison Village Tax Administrator. Keep a copy of this certificate for your records since it must be available for audit review.

**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 guests from same business or institution may submit one exemption certificate along with schedule detailing individual occupant information in Part A. Do not send this certification to the Madison Village Income Tax Administrator. KEEP A COPY OF THIS CERTIFICATION FOR YOUR RECORDS. You are responsible to notify the vendor of cancellation, modification, or limitation of the exemption you have claimed.

\* Be advised that the mere possession of a Blanket Certificate of Exemption issued by the State of Ohio Department of Taxation is not sufficient in and of itself to exclude payment of the hotel/motel excise tax as that certificate addresses sales tax.