City of Cleveland
Department of Finance
Division of Assessments & Licenses
601 Lakeside Avenue, Room 122
Clevleand, Ohio 44114-1085
216/664-2260
www.cleveland-oh.gov

TRANSIENT OCCUPANCY (HOTEL) TAX EXEMPTION CERTIFICATE

Reporting Period (mo./yr.):	**Vendor Name:**	**DAL FORM # 19311** **Revised 11/30/2010**
Hotel Name:	**IRS/FEIN #:**	
Address:		

Street **City** **State** **Zip**

Guest Name (First & Last)	Date of Check-In	Check-Out Date

TIMING OF PAYMENT (choose one):

☐ **Pre-paid in advance, prior to check-in or at time of check-in.**

☐ **Paid at time of checkout.**

EXEMPTION CLAIMED:

☐ **Qualifying Residential Hotel Tax Exemption Requirements (for lodging 30 consecutive days or more) pursuant to §193.02(c) and §193.04(b):** No exemption shall be granted except upon a claim thereof made at the time the lodging is furnished and, under penalty of perjury, upon the completion of this exemption form and in the manner prescribed by the Commissioner of Assessments and Licenses.

☐ **Qualifying Governmental Hotel Tax Exemption Requirements pursuant to §193.03(c) and §193.04(b):** The transient occupancy tax exemption would include lodging, while on official business, furnished to officials and employees of the Federal government, the State of Ohio or any of the State of Ohio political subdivisions. No exemption shall be granted except upon a claim thereof made at the time the lodging is furnished and, under penalty of perjury, upon the completion of this exemption form and in the manner prescribed by the Commissioner of Assessments and Licenses.

I, the undersigned, am a representative of the department, agency, or instrumentality of the United States Government, the State of Ohio, or a political subdivision of the State of Ohio as indicated above; that the charges for the occupancy at the above establishment on the dates listed have been or will be paid for by that governmental entity; and that these charges are incurred in the performance of my official duties as a representative or employee of that governmental entity.

Signed _____ Governmental Agency _____

Title _____ Work Address _____
Street City State Zip

IMPORTANT NOTE: Hotels must require verification before accepting a hotel occupancy tax exemption certificate for a qualifying government official or employee and must keep on file pursuant to §193.05 of the Codified Ordinances of the City of Cleveland. The hotel operator must request a government ID, business card or other identification to verify the exemption claimed

HOTEL USE ONLY

DATE RECEIVED _____

Qualifying Tax rexempted Revenue Claimed $_____ Total Exempted Hotel Occupancy Tax $_____

Note: You must submit all hotel occupancy tax exemption certificates along with the monthly tax remittance to the City of Cleveland, Division of Assessments and Licenses, 601 Lakeside Avenue, Room 122, Cleveland, Ohio 44114. All hotel occupancy tax exemptions claimed must have proper supporting documentation on file and are subject to audit.