

Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

**** Purchaser must state a valid reason for claiming exception or exemption.****

Anything Marked with an X must be completed by organization claiming exemption.
Any questions regarding tax status please contact the Department of Taxation @ 1-888-405-4039, select option #2, than option #3

X	X	_____
		Purchaser's name - Organization or Company Name
X		_____
		Street address
X		_____
		City, state, ZIP code
X		_____
		Signature
X		_____
		Date signed
X		_____
		Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.

** Reason must be a valid reason for exemption from the Department of Taxation. For a full list of valid reasons for exemption please visit the Ohio Department of Taxation's website @ http://www.tax.ohio.gov/sales_and_use/faqs/sales_basics.aspx or see page 2 of this document.



CITY OF DUBLIN.

Division of Taxation

5200 Emerald Parkway
P.O. Box 9062
Dublin, Ohio 43017-0962

Phone: 614-410-4460

Fax: 61-761-6582

Web site: www.dublin.oh.us

CERTIFICATE OF EXEMPTION

HOTEL/MOTEL

EXCISE TAX

X

Name of Hotel, Apartment Hotel

Date

Or Lodging House

X

Address

Date of Occupancy

All items marked
with "X" must be
completed by the
organization for
this form to be
valid.

This is to certify that the undersigned hereby claims exemption
from the hotel/motel excise tax, imposed by Dublin City
Ordinance 133-87, payable to said establishment.

Purchaser must state statutory reason for claim exemption or
exception.

X

Name (Please print)

X

Signature (Fiscal Officer)

Date

X

Employer and Statutory Reason for Exemption

**Bill must be paid with government check or government
credit card.**

Organization must complete the highlighted

City of Columbus, Income Tax Division

Form **H-3GOV**

Hotel/Motel Excise Tax Exemption Certificate

(To be completed by guest and submitted to registration)

X

Part A

OCCUPANT INFORMATION

1. Occupant's Name

2. Title

X

Part B

BUSINESS OR INSTITUTION AUTHORIZATION

1. Name of Business or Institution Claiming Exemption

2. Federal ID No.

3. Telephone No.

4. Street Address, City, State and Zip of Business or Institution

5. Authorized Signature (Treasurer or Financial Officer of Business or Institution):

6. Name (please print):

7. Title

8. Date

Part C

HOTEL INFORMATION

1. Name of Hotel, Apartment Hotel or Lodging House:

Embassy Suites Columbus Dublin

2. Arrival Date

3. Departure Date

4. Hotel Address:

5100 Upper Metro Place
Dublin, OH 43017

5. Prepared by (Name of Hotel Employee)

6. Hotel Vendors License No.

26-0331180

X

The person signing this form **MUST** check the applicable box to claim exemption from the hotel/motel excise tax, imposed by COLUMBUS CITY CODES Chapter 371.2(e) and Tax Regulations of the Franklin County Convention Facilities Authority, Section 2(d). Questions should be directed (preferable in writing) to Hotel/Motel Excise Tax, Division of Income Tax, 50 West Gay Street, 4th Floor, Columbus, OH 43215-9037. Telephone (614) 645-7865.

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STATE AND LOCAL GOVERNMENTS AND POLITICAL SUBDIVISIONS THEREOF

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.

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UNITED STATES GOVERNMENTAL EXEMPTION

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 Columbus Income Tax Division. 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 Columbus Income Tax Division. **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.