



Columbus Marriott Northwest  
5605 Blazer Parkway  
Dublin, OH 43017  
614-791-1000

To Whom It May Concern:

The Columbus Marriott Northwest, in accordance with the State of Ohio and City of Dublin, **requires** the following items in order to receive exemptions from tax. *Please note that the Columbus Marriott Northwest does not provide these items.*

1. **The State Blanket Certificate:** This will allow you exemption from the 7.5% State of Ohio tax only (room tax).
2. **The City of Columbus Excise Form** This will allow you exemptions from the city of Columbus occupancy taxes of 4% (occupancy tax).
3. **The City of Dublin Excise Form:** This will allow you exemptions from the city of Dublin city taxes of 6% (city tax).

Not every organization is exempt from City and Occupancy Taxes.

*City of Dublin Exemption Certificates are available at website: [www.dublin.oh.us](http://www.dublin.oh.us)*

4. **A Company Check or Credit Card:** Personal checks, credit cards or cash are not acceptable forms of payment when applying for tax exemption. Payment to the Columbus Marriott Northwest must come directly from the tax exempt agency by check or credit card. Please note that the Columbus Marriott Northwest will not accept a Purchase Order as a valid method of payment.
5. **Hotel Internal Document:** The attached document will also need to be filled out and provided to the Front Desk upon check-in accompanied by the documentation noted above.

For questions or concerns, please do not hesitate to contact me.

Sincerely,

Tana Gilmore  
Executive Bookkeeper  
614-336-4715

# TAX EXEMPTION CERTIFICATE

## CERTIFICATE TO BE EXECUTED WHEN TAX –EXEMPT SALES IS MADE TO AN EXEMPT INSTITUTION OR AGENCY:

The undersigned hereby certifies that the item or items being purchased are to be used or consumed in connection with the operation of the exempt institution or agency named in the space provided below, and that the consideration for this purchase moves from the funds of the designated institution or agency.

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

The following checked bracket (s) indicates our tax status:

- Room #\_\_\_\_\_ and description of proof document\_\_\_\_\_.
- Permanent resident status stay or contract for \_\_\_\_\_ continuous days per room.
- Food & Beverage purchased for resale and being reported under our active sales tax account #\_\_\_\_\_.
- Purchased for our own use and are subject to State of: \_\_\_\_\_ direct pay permit.
- Exemption for purposes of the organization and are being paid for from organizational funds, and are not for fund raising activities.

Should determination be made that any or all of this sales is for taxable purpose, it is agreed that tax, penalty and interest will be paid to the seller.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Illegal use of this certificate subjects persons to the penalties of state sales tax law.

Varies by state, city and county as to number of continuous days.

**Hotel/Motel Excise Tax Exemption Certificate**  
(To be completed by guest and submitted to registration)

<b>Part A OCCUPANT INFORMATION</b>		
1. Occupant's Name	2. Title	
<b>Part B BUSINESS OR INSTITUTION AUTHORIZATION</b>		
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	
<b>Part C HOTEL INFORMATION</b>		
1. Name of Hotel, Apartment Hotel or Lodging House:	2. Arrival Date	3. Departure Date
4. Hotel Address:	5. Prepared by (Name of Hotel Employee)	6. Hotel Vendors License No.

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, 4<sup>th</sup> Floor, Columbus, OH 43215-9037. Telephone (614) 645-7865.

**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.

**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 quest 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 quests 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.

## 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.***

\_\_\_\_\_  
Purchaser's name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state, ZIP code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
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.



CITY OF DUBLIN.

CERTIFICATE OF EXEMPTION  
HOTEL/MOTEL  
EXCISE TAX

**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

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Name of Hotel, Apartment Hotel  
Or Lodging House

Date

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Address

Date of Occupancy

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.

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Name (Please print)

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Signature (Fiscal Officer)

Date

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Employer and Statutory Reason for Exemption

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