

**WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX EXEMPTION STATEMENT**  
**(TO BE SIGNED BY OPERATOR)**  
**PLEASE TYPE OR PRINT LEGIBLY.**

**OPERATOR'S HOTEL ROOM RENTAL EXCISE TAX NUMBER:** \_\_\_\_\_

Operator's Legal Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Tax Reporting Period: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**THE UNDERSIGNED OPERATOR CLAIMS EXEMPTION FROM THE WAYNE COUNTY HOTEL ROOM RENTAL EXCISE TAX FOR THE FOLLOWING REASONS:**

**1. Permanent Residents:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Price Charged \_\_\_\_\_ Date Occupancy Began \_\_\_\_\_

**TOTAL PERMANENT RESIDENT EXEMPT RECEIPTS: \$** \_\_\_\_\_

**2. Other (from Form 3):**

Name (Print) \_\_\_\_\_ Title: \_\_\_\_\_

Signature- \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

I am authorized to execute this form and claim these exemptions. I have examined the documentation tendered to me by the persons claiming exemption from the tax and have found such documentation to be supportive of their claim. ...

Lodging Facility operators are obligated to-maintain records to support and identify this type of exemption, i.e. copies of the exemption certificates or other identifying documents. .

**THIS FORM MUST ACCOMPANY YOUR QUARTERLY TAX RETURN:**

**Make check payable to: WAYNE COUNTY TREASURER**

**Mail to: Wayne County Treasures Office**