Form **H-3GOV**

City of Columbus, Income Tax Division

Excise Tax Exemption Certificate for Government Employees

(To be completed by guest and submitted to registration)

Part A OCCUPANT INFORMATION

Occupant's Name	Title

Part B BUSINESS OR INSTITUTION AUTHORIZATION

Name of Business or Institution Claiming Exemption	Federal ID No.	Telephone No.
Shawnee State University	31-0864917	740.351.3314

Street Address, City, State and Zip of Business or Institution	
940 Second Street, Portsmouth, OH 45662	
Authorized Signature (Treasurer or Financial Officer of Business or Institution): Craig Gilliland	Name (Please Print) Craig Gilliland
Title: Chief Financial Officer	Date: July 13, 2026

Part C LODGING INFORMATION

Name of Hotel, Apartment Hotel or Lodging House:	Arrival Date	Departure Date

Property Address	Prepared by (Name of Employee)	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, PO Box 183213, Columbus, OH 43218-3213. 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.

Rev. 9/12/2022

Print Form Reset Form