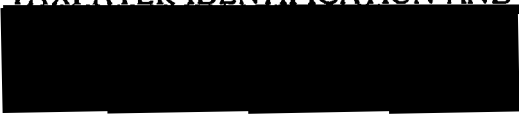


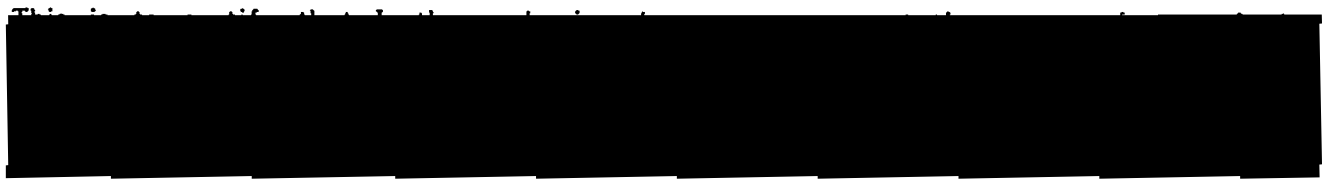
u

THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE  
TAXPAYER IDENTIFICATION AND



To \_\_\_\_\_  
Name of Hotel, Apartment Hotel, or  
Lodging House

\_\_\_\_\_  
Address



Dates of Occupancy:

STATE UNIVERSITY OF  
NEW YORK AT BINGHAMTON 28020  
Governmental Agency



NOTE - A separate exemption certificate is required for each occupancy and for each

This exemption certificate must be presented at time of registration

