Self-Attestation of the Professional Necessity of an Overnight Stay

Period from:	to:
Name:	D + (D)
Street:	Date of Birth:
Post Code/City:	
I am [] a dependent employ	yee [] a commercial/independent agent
and hereby confirm th	nat my stay is for professional reasons.
Professional Details	
In the case of depend	lent employees, name and address of employer:
In the case of comme	rcial/independent agents:
Professional address	:
Registered for income	e tax with the Fiscal Office:
Notification pursuar	nt to Data Protection
voluntary and serves collected will be forward Hellersdorf, which result this procedure show general rule, inasmud asserted plausibly in a applying for the refundation	s self-attestation to the enterprise providing the accommodation is exclusively the purpose of establishing the liability for tax. The data arded in individual cases upon request to the Fiscal Office Marzahnserves the right to review the statements made therein. It is not be agreed with, the accommodation tax will be levied as a set as the professional or company reason for the overnight stay is not any other way. One does have the possibility, however, of subsequently ding of any retained accommodation tax to the responsible Fiscal Office thereby presenting the appropriate proofs.
The submission of thi data.	s attestation constitutes consent to the processing and usage of the
Further Pointers	
	orrect or forged attestation the guest may be held liable for the unpaid incorrect attestation may be punished as either an administrative or a
Date, place	Signature