

## **Self-Attestation of the Professional Necessity of an Overnight Stay**

Period from:                      to:

Name:

Date of Birth:

Street:

Post Code/City:

I am

☐ a dependent employee      ☐ a commercial/independent agent

and hereby confirm that my stay is for professional reasons.

### **Professional Details**

In the case of dependent employees, name and address of employer:

In the case of commercial/independent agents:

Professional address:

Registered for income tax with the Fiscal Office:

### **Notification pursuant to Data Protection**

The submission of this self-attestation to the enterprise providing the accommodation is voluntary and serves exclusively the purpose of establishing the liability for tax. The data collected will be forwarded in individual cases upon request to the Fiscal Office Marzahn-Hellersdorf, which reserves the right to review the statements made therein.

If this procedure should not be agreed with, the accommodation tax will be levied as a general rule, inasmuch as the professional or company reason for the overnight stay is not asserted plausibly in any other way. One does have the possibility, however, of subsequently applying for the refunding of any retained accommodation tax to the responsible Fiscal Office Marzahn-Hellersdorf, thereby presenting the appropriate proofs.

The submission of this attestation constitutes consent to the processing and usage of the data.

### **Further Pointers**

In the event of an incorrect or forged attestation the guest may be held liable for the unpaid tax. The issuing of an incorrect attestation may be punished as either an administrative or a criminal offence.

Date, place

Signature