Self-Attestation of the Professional Necessity of an overnight stay

Period from: _____ to: _____

_____ _____
Surname, first name Date of birth

_____
Street

_____
Post code, City, Country

I am ☐ a dependent employee ☐ a commercial / independent agent
and I hereby confirm that my overnight stay(s) in Berlin is (are) essential for professional or business-related reasons.

Professional specifications

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

_____

_____

In the case of commercial / independent agents:

_____
Professional Address

_____
Tax Office, VAT identification number, if available

Note on 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 the tax. The collected data will be forwarded in individual cases upon request to the Tax Office Marzahn-Hellersdorf, which reserves the right to review the statement made therein.

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

Upon issuing this confirmation, the signatory consents to the processing and usage of the data as mentioned above.

Further notes

In the event of an incorrect or falsified confirmation, the guest may be held liable for the unpaid tax. The issuing of an incorrect confirmation may be pursued as an administrative or criminal offence.

_____ _____
Place, Date Signature