## Self-confirmation of the professional necessity of the overnight stay

Period fron	n: to:	
Name:		Date of birth:
Straße:		
Zip code, C	ity:	
I am		
	n-self-employed mmercial / self-employed	
and hereby	confirm that the overnight stay(	s) is/are for professional reasons.
Profession	al details	
in case of ı	non-self-employed activity, name	and address of employer:
for comme	rcial / self-employed activity:	
Profession	al address:	
registered	with the tax office for income tax	purposes:
Note on da	ta protection	
exclusively	to determine the tax liability. In izahn-Hellersdorf tax office on rec	he accommodation provider is voluntary and serves individual cases, the data collected will be forwarded quest, which reserves the right to check the
profession it is possib	al or business reason for the ove	nmodation tax will be levied in principle, unless the ernight stay can be substantiated otherwise. However, which held accommodation tax at a later date by submitting our tax office.
By submitt data.	ing this confirmation, you conser	nt to the above-mentioned processing and use of the
Further inf	ormation	
		irmation, the guest may be held liable for the lost tax. rosecuted as an administrative offense or criminal
Place, date	Signature	