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

From	to		
Name:		Date of Birth:	
Zip, City:			
I work as		and I am	
self-employe	d not se	elf-employed	
and hereby decla	ıre, that my overniç	ght stay was for professional / business purposes.	
Professional in	nformation		
- For emplo	oyees:		
Name and addre	ss of the employer	:	
	mployed professio	nals:	
Business addres	S:		
Tax number and	tax office:		
intended solely for collected will be a	of this document to or determining the	the accommodation establishment is voluntary and is tax liability. If requested by the authorities, the data x office of Marzahn-Hellersdorf, which reserves the right n individual cases.	
It is however pos	sible to apply for a	agree with the above, the tax must be levied on principle. later refund by presenting proof of the professional fice Marzahn-Hellersdorf.	
		accommodation establishment, the undersigned agrees, his form may be used for the above mentioned purposes.	
Please note			
		ble for the correctness and accuracy of the information. e taxation may be prosecuted as a federal offense under	
 Date and place		signature	

ÜnSt 4 – Eigenbestätigung