Self-Attestation of the Professional Necessity of an overnight stay

Surname, first name		
		Date of birth
Street		
Post code, City, Country		
	ny overnight stay(s) in	mercial / independent agent Potsdam is (are) essential for
Professional specifications In the case of dependent empl	oyees, name and addres	ss of the employer:
In the case of commercial/inde	pendent agents:	
Professional Address		
Note on data protection		
The submission of this self-attestat	g the liability for the tax. The	ing the accommodation is voluntary and servicellected data will be forwarded in individual castriew the statement made therein.
professional or company reason for	the overnight stay(s) essentian of subsequently applying for the	will be levied as a general rule, inasmuch as all is not asserted plausibly in any other way. On the refunding of any retained occupancy tax to appropriate proofs.
		ssing and usage of the data as mentioned abov
Further notes		
In the event of an incorrect or falsified incorrect confirmation may be pursue		be held liable for the unpaid tax. The issuing of inal offence.
Place, Date	Signature	