

Landeshauptstadt Dresden
Steuer- und Stadtkassenamt
Sachgebiet Beherbergungssteuer
Postfach 12 00 20
01001 Dresden

Eingangsvermerk - Empfänger

Office location: Rathausplatz 1, 01067 Dresden

Application for refund of lodging tax

Details of the applicant (= invoice recipient)

Only the person who is listed as the invoice recipient or as payer on a payment receipt is entitled to a refund of the lodging tax.

| | | | |
|---------------------------------------------------------------|------|----------------|--|
| Name/Company | | First name | |
| Title, academic degree(s) | | Date of birth | |
| Street | | House/Unit No. | |
| Post code | City | Country | |
| Telephone number (voluntary information for possible queries) | | | |
| IBAN | | BIC | |

Account holder

Applicant or

Assignment of the refund claim to:

| | | | |
|---------------------------|------|----------------|--|
| Name/Company | | First name | |
| Title, academic degree(s) | | Date of birth | |
| Street | | House/Unit No. | |
| Post code | City | Country | |

Details of the accommodation facility

| | | |
|--------------|------|----------------|
| Name/Company | | |
| Street | | House/Unit No. |
| Post code | City | |

Refund details

Reasons for refund:

- 1) Minor/Child up to the age of 18 (proof: copy of birth certificate/identity card)
- 2) Severely disabled with a degree of disability of 80 or more as stated in a corresponding identity card (proof: copy of severely disabled identity card)
- 3) Accompanying person of a severely disabled person with a mark "B" stated in the identity card (proof: copy of severely disabled identity card)
- 4) Person who has to stay overnight in Dresden for the purpose of mandatory medical treatment. If an accompanying person is required to stay overnight for medical reasons, the exemption also applies to this accompanying person. (proof: medical certificate)
- 5) Residence according to the Federal Registration Act in the above-mentioned accommodation facility (proof: declaration of registration status - sole residence/main residence/secondary residence)
Attention: only for overnight stays from July 1, 2023
- 6) Person who has not yet reached the age of 27 and is staying overnight for training purposes (proof: certificate of the educational institution)
Attention: only for overnight stays from September 1, 2023
- 7) Overnight stays required for professional reasons or for reasons of vocational training (certificate from employer/educational institution or personal confirmation in the case of the self-employed/freelancers)
Attention: only for overnight stays until June 30, 2023

Arrival date _____ Departure date _____ Total number of guests accommodated _____

If a refund is requested for several periods of stay, please indicate each period of stay on a separate sheet.

Refund is requested for the following guest:

Guest 1

| | | |
|------------------------------|----------------|---------------|
| Name | First name | Date of birth |
| Street | House/Unit No. | |
| Post Code | City | Country |
| Reason of refund (see above) | | |

If you would like to request a refund for additional guests, please use Appendix 1 (Details of other guests for whom a refund is being requested).

The following documents must be attached to the refund application:

- Copy of the invoice/receipt for the lodging tax paid
- Proof of reason for refund

Data processing and privacy

Your personal/company-related data contained in the application are required in the tax and city treasury office for processing and will only be processed in compliance with the Data Protection Act of Saxony for the specified purpose of checking the refund. Within the scope of the administrative procedure, your personal/company-related data will only be transmitted to other departments of the administration of the city of Dresden to the extent necessary for the examination of and decision on the application. Information on the implementation of the data protection requirements from Articles 12 to 14 of the General Data Protection Regulation can be found on the website of the city of Dresden under www.dresden.de/datenschutz-steuererhebung.

I consent to the processing of the personal/company-related application data in the sense stated above.

I certify that the information provided in this application is complete and true.

Name of the person signing for the applicant in block capitals (in the case of juristic persons)

Date, personal signature of the applicant, stamp if applicable