

Application for reimbursement of the city tax

In order for your application to be processed, a copy of the invoice/receipt for the paid city tax, and proof of exemption (see overleaf), is imperative. Please enclose these documents with your application!

Applicant details (=invoice recipient)

Only the person or company listed on the invoice or receipt as the invoice recipient/payer is entitled to have the city tax reimbursed.

1	Name/Trade name	2	First name (for persons)		
3	Title, academic degree(s) (for persons)	4	Date of birth (for persons)		
5	Street			6	Unit no.
7	Post code 8 City				
9	Telephone number (voluntary information for any queries)				
10		11	BIC		
12	Account holder As per points 1 + 2 or				
	Reimbursement claim assigned to:				
13	Name/Trade name	14	First name (for persons)		
15	Title, academic degree(s) (for persons)	16	Date of birth (for persons)		
17	Street			18	Unit no.
19	Post code City				

Information on accommodation facility 21 |Name/Trade name Street 23 | Haus-Nr. 22 24 | Post Code 25 | City Period for which reimbursement is being requested (If reimbursement is being requested for multiply stays, please specify stay times on a separate sheet.) Ifrom 27 |to 26 Information on the persons staying at the accommodation |Total number Relevant proof must be enclosed as an appendix for each person for whom reimbursement is being requested! It will not be possible to process your application without relevant proof! In accordance with the city tax rules, paid city taxes are only reimbursed on the following grounds: 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) Children up to the age of 18 Severe disability (degree of disability 80 or more, proven appropriately) (copy of severe disability pass) Person accompanying a severely disabled person (degree of disability 80 or more, proven appropriately, and also listed as disability category B) Please note: The application for reimbursement of paid city taxes may only be lodged by post, by fax ((03 51) 4 88 28 98) or with qualified electronic signature through the form available at http://www.dresden.de/kontakt. To prevent fraud, applications sent simply be email are not permitted. Data processing and privacy The personal/company data you provide in your application is required by the Tax and City Treasury Office for processing, and, in accordance with the Saxon Data Protection Act, is only processed for the stated purpose of assessing reimbursement. As part of the administrative procedure, your personal/company data will only be sent to other departments of the City of Dresden administration to the extent necessary for your application to be assessed and decided on. Information on the implementation of the privacy provisions in Articles 12 to 14 of the General Data Protection Regulation is available on the City of Dresden's website at http://www.dresden.de/datenschutz-steuererhebung. I consent to the processing of personal/company application data as described above. I assure that the information provided in this application is complete and truthful. 29 | Name of person signing for the applicant in block letters

Date, personal signature, stamp (if necessary)