



Landeshauptstadt Düsseldorf
Steueramt
40200 Düsseldorf

Application for reimbursement of the accommodation tax

Details of the applicant (= invoice recipient)

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

Name/company		First Name
Title, academic degree(s)		Date of birth
Street		House number
ZIP	Place	
Telephone (voluntary information for any queries)		
IBAN		BIC

Account holder

- Applicant or
- Assignment of the reimbursement claim to

Name/company		First name
Title, academic degree(s)		Date of birth
Street		House number
ZIP	Place	

Details of the accommodation facility

Name/company		
Street		House number
ZIP	Place	

Refund details

Reason for refund

- 1) Minor/child up to the age of 18 (proof: copy of birth certificate/identity card)
- 2) Stays for school trips, vocational colleges and youth trips with their accompanying persons
- 3) Paid overnight stays for an uninterrupted period of accommodation in the same accommodation facility from the 22nd day onwards.

Day of arrival	Departure	Total number of guests accommodation
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If a refund is requested for more than one period of stay, please indicate individual periods of stay on a separate sheet.

The refund is requested for the following guest:

1	Name	First name	Date of birth
	Street	House number	
	ZIP	Place	
	Reason for refund (see above)		

If you would like to request a refund for additional guests, please refer to Appendix 1 (details of additional guests for whom a refund is requested).

The following documents must be attached to the refund request:

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

Data processing and data protection

Your personal/company-related data contained in the application is required for processing at the tax office and will only be processed for the stated purpose of checking the refund in compliance with the Data Protection Act of North Rhine-Westphalia. As part of the administrative procedure, your personal/company-related data will only be transmitted to other specialist offices of the administration of the City of Düsseldorf to the extent necessary for the examination and decision on the application.

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

I assure you that the information in this application has been complete and truthful.

Name of the person signing on behalf of the applicant in block letters (for of legal entities)
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Date, handwritten signature of the applicant (stamp if applicable)
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