



Application for exemption from spa tax

Company number or company name: _____

Registration number: _____

Name of the applicant: _____

Company address: _____

Telephone number: _____

Reason for application:

I am in the spa area of the market town of Teisendorf for professional purposes

Company/Client/Travelling Salesman: _____

place, date

Applicant's signature *

*By signing this form, I confirm the accuracy of the information provided. I am aware that providing incorrect or incomplete information regarding facts relevant to tax law may result in a fine for tax evasion under Article 14 of the Municipal Tax Act.

IMPORTANT:

Incomplete information on the establishment or registration number cannot be assigned to any accommodation and therefore cannot be taken into account!

Return by email to: finanzverwaltung@teisendorf.de