



## **ATTACHMENT 4: STATAMENT B**

## **TOURIST TAX – STATEMENT OF EXEMPTION**

(pursuant to art. 5, paragraph 3, Regulation on tourist tax of Ancona Council: Decision no. 38 dated 29th April 2015)

The undersigned	place of birth
address	
town	zip code
DECLA	.RE
pursuant to art. 5, paragraphs 2 and 3, of the Regulation overnight at	
(name and type of accommodation)	to the date
of for the following reason	
>(Indicate the exemption which benefits)	
Conscious of the legal sanctions in case of falsity and D.P.R. 445/2000.	false declarations provided from article 76 of the
Ancona, date	
	Signature (The declarant)

Attachments: copy of valid identification of the declarant.





## **ATTACHMENT 5: STATEMENT C**

## **TOURIST TAX – OMISSION OF PAYMENT**

(To be completed by the guest or by the accommodation owner)

The undersigned	place of birth
address	
town	zip code
> Aware that with decision no	. 51 dated 16 <sup>th</sup> may 2011 (as last amended with decision no. 23 dated 11 <sup>th</sup> april
2016) the Council of Ancona	introduced, with effect from 1 <sup>st</sup> July 2011 the Tourist Tax according to the article
4 of Leg. Decree 23/2011.	
	elay or incomplete payment of this tax is subject to the administrative sanctions
according to the article 9 of th	e rules on the application of the tourist tax in the city of Ancona.
	DECLARE
<ul> <li>To have stayed overnight</li> </ul>	at;
Located at	(Indicate the exemption which benefits), from the date of to the date of
<ul> <li>To have been informed a</li> </ul>	about the obligation to pay the Tourist Tax by the accommodation operator as
described above.	
To have decided not to page.	ay the Tourist Tax to the accommodation operator for an amount of $\in$ , as
established by the Munici	pality of Ancona.
To have decided not to pa	ay the Tourist Tax for the following reason
	·
Ancona, date	
	Signature

Attachements: copy of valid identification of the declarant.