

## Certificate for submission to the fiscal authority

We hereby certify that

Ms./Mr. \_\_\_\_\_

has exercised their

role as \_\_\_\_\_ from their residence and was absent from their primary place of work:

For over 8 hours on \_\_\_\_\_ days

For over 24 hours on \_\_\_\_\_ days in calendar year \_\_\_\_\_ for a

total of \_\_\_\_\_ days.

Number of overnight stays with professional drivers: \_\_\_\_\_

They received tax-free allowances of \_\_\_\_\_ Euro for the entire calendar year.

\_\_\_\_\_  
Location, Date

\_\_\_\_\_  
Signature / Company stamp