

VT: Visitor Tax; TFA: Tourism Development Levy

AT: Accommodation tax



Declaration Form for Visitors Tax for Annual Lump Sum Rate for owners of apartments and chalets

Based on the Visitors Tax –Regulations of the Municipality of Zweisimmen, all natural persons, not having their domicile and taxable income declared in the Municipality of Zweisimmen, who spend a night in the Municipality of Zweisimmen are liable to pay visitors tax (Vtr Art. 3). Owners, beneficiaries and permanent tenants of apartments and holiday apartments, holiday chalets, private rooms, mobile homes and caravans will pay the visitors tax in the form of an annual flat rate.

| Tom or an amount rate. | | | |
|--|---|--------------------------|---|
| We kindly ask you to declare the det | ails regarding your p | property in this form | 1. |
| First name, surname : | | Object/Apartment/Chalet: | |
| | | Address of the object: | |
| Street, ZIP/City: | | Lot Nr.: | |
| | | Object Nr.: | |
| The apartment cannot be rented b | ecause: | | |
| ☐ Personal requirements | ☐ in reconstruction until | | □ other |
| Main tax domicile in Zweisimmen: ☐ Yes (Taxes: free) ☐ No (Taxes: VT) | | | |
| | nal level by owners | | TFAR Art. 3,4) as well as the accommonts, rooms or chalets who rent them ou |
| The apartment can be rented: | | | |
| ☐ Apartment to different guests | ☐ Apartment to long-term tenants, rented period at least 3 following months | | ☐ Local renter, main tax domicile in the Municipality of Zweisimmen /Worker reported to the Municipality of Zweisimmen |
| (Taxes: VT, TFA, AT) | (Taxes: VT, TFA) | | (exempt from taxes) |
| Object/Apartment/Chalet: | | | |
| Floor: | Number of rooms: (including living room) | | Number of beds: |
| Kitchens, bathrooms, patios, gallerie | s and the like are no | ot considered as ro | oms. |
| For questions please contact: | | | |
| Phone number: | | Email: | |
| ☐ Please send me the invoice by € | email to: | | |
| Remarks: | | Change v | ralid from: |
| I confirm that the above information i | is a true and comple | ete statement and a | full declaration of facts. |
| Place and date: | | Sign | ature: |
| To be submitted to: Gstaad Saanenland Tourismus Vollzug Kurtaxenreglement Promenade 41 | | | |

The electronic transmission confirms the correctness and completeness of the above information.

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