



Restaurants and Drinking Places Occupation Tax Remittance Form

Reporting Period: _____ / _____
MONTH YEAR

Section 1: Business Information

Taxpayer (Corporate/Company)Name: _____ Mailing Address: _____ City, State, Zip : _____ Contact Name: _____ Phone: _____ Email: _____ NE Sales Tax ID #: _____	Business Name (DBA): _____ Local Address: _____ City, State, Zip: <u>La Vista, NE 68128</u> Contact Name: _____ Phone: _____ Email: _____
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Section 2: Tax Calculation

1. Gross Receipts of Sales <small>As defined in LVMC § 113.10.0</small>	_____
2. Occupation Tax <small>Line 1 multiplied by 1.5%</small>	_____
3. Administration Allowance <small>Line 2 multiplied by 2%</small>	_____
4. TOTAL OCCUPATION TAX DUE <small>Total of Line 2 less Line 3</small>	_____

Section 3: Late Payment Fees

5. Prior Period Penalties	_____
6. Delinquency Penalty* <small>10% of Occupation Tax paid after due date</small>	_____
7. Interest* <small>1% per Month</small>	_____
8. Total Penalty and Interest <small>Total of Lines 5 through 7</small>	_____

9. TOTAL AMOUNT DUE \$ _____
Total of Line 4 and Line 8

Under the penalties provided by law, the person signing this form affirms that this is a complete and accurate statement of the receipts and payments subject to the occupational privilege tax.

 Signature of Taxpayer Date

 Typed or Printed Name

 Title

INSTRUCTIONS:

Send completed form and remittance to

**City of La Vista
 8116 Park View Blvd.
 La Vista, NE 68128**

Or email completed form to
cityclerk@cityoflavista.org

QUESTIONS?
 Call (402) 331-4343

*Taxes are due the last day of the month following the reporting month and are delinquent the next day.
 V04.16.2020