



Restaurants and Drinking Places Occupation Tax

QUARTERLY Remittance Form

YEAR: _____

QUARTER:

JAN-MAR

APR-JUN

JUL-SEP

OCT-DEC

Section 1: Business Information

Taxpayer (Corporate/Company)Name:

Business Name (DBA):

Mailing Address: _____

Local Address: _____

City, State, Zip: _____

City, State, Zip: La Vista, NE 68128

Contact Name: _____

Contact Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

NE Sales Tax ID #: _____

Section 2: Tax Calculation

1. Gross Receipts of Sales – Month 1 _____
As defined in LVMC § 113.10.0

8. Prior Period Penalties _____

2. Gross Receipts of Sales – Month 2 _____
As defined in LVMC § 113.10.0

9. Delinquency Penalty*
10% of Occupation Tax paid after due date _____

3. Gross Receipts of Sales – Month 3 _____
As defined in LVMC § 113.10.0

10. Interest*
1% per Month _____

4. **Total Gross Receipts of Sales** _____
Total of Lines 1 through 3

11. Total Penalty and Interest _____
Total of Lines 8 through 11

5. Occupation Tax _____
Line 4 multiplied by 1%

12. TOTAL AMOUNT DUE \$ _____
Total of Line 7 and Line 11

6. Administration Allowance _____
Line 5 multiplied by 2%

7. TOTAL OCCUPATION TAX DUE _____
Total of Line 5 less Line 6

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 occupation privilege tax.

Signature of Taxpayer _____ Date _____

Typed or Printed Name _____

Title _____

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

V04.16.2020

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