



**84<sup>th</sup> Street Enhanced Employment Area 1**  
**General Business Occupation Tax Remittance Form**

## 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: \_\_\_\_\_ La Vista, NE 68128

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 2: Tax Calculation

1. Gross Receipts –  
As defined in Ordinance No. 1387 \_\_\_\_\_
2. Occupation Tax – Retail Sales Business \_\_\_\_\_  
Multiply Line 1 by **1.5%**
3. Administration Allowance \_\_\_\_\_  
Line 2 multiplied by 2%
4. **TOTAL OCCUPATION TAX DUE** \_\_\_\_\_  
Total of Line 2 less Line 3

### Section 3: Late Payment Fees

5. Prior Period Penalties \_\_\_\_\_

6. Delinquency Penalty\* \_\_\_\_\_  
10% of Occupation Tax paid after due date

7. Interest\* \_\_\_\_\_  
1% per Month

8. Total Penalty and Interest \_\_\_\_\_  
Total of Lines 5 through 7

**9. TOTAL AMOUNT DUE**    \$

***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.***

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Signature of Taxpayer Date

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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](mailto: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.*