

CITY OF OMAHA RESTAURANT AND DRINKING PLACES OCCUPATIONAL PRIVILEGE TAX

EIN Number _____ Tax report for the month of _____, 20____

Use Supplemental form if you are reporting for more than one location under the same ID Number

| LOCAL ADDRESS | MAILING ADDRESS |
|----------------------------|------------------------------------|
| Business Name _____ | Name: _____ |
| Street Address: _____ | Address: _____ |
| Omaha, Nebraska Zip: _____ | City: _____ State: _____ Zip _____ |
| Telephone # : _____ | Telephone # : _____ |
| Email address: _____ | Email address: _____ |
| Local Manager: _____ | Contact Name: _____ |

TAX CALCULATION:

- | | |
|--|-------|
| 1. Total revenue received for taxable food, beverage and/or catering during the month | _____ |
| 2. Adjustment to <u>Revenue</u> of previously <u>PAID</u> Period, (Attach explanation) | _____ |
| 3. Net revenue subject to the tax | _____ |
| 4. 2.5% Occupation tax per Ordinance #38791 (2.5% x amount on Line 3) | _____ |
| 5. Less: Collection fee (2% x amount on Line 4) | _____ |
| 6. Occupation tax due (Line 4 -Line 5) * or total from Supplemental form(s) | _____ |

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

Complete the next section if the tax is late:

- | | |
|---|-------|
| 7. Penalty (10% x amount paid after due date) | _____ |
| 8. Interest (1% per month x amount due) | _____ |
| 9. Total late fees and interest | _____ |
| 10. Previous Period Occupation tax payment adjustment | _____ |
| 11. Total Occupation tax and late fee 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.

Sign Here: _____
Authorized Signature
Printed Name

Instructions: _____ Date _____
Please send this form and your remittance to:

CITY OF OMAHA
1819 FARNAM ST., RM. H-10
OMAHA, NE 68183