

**CITY OF OMAHA CAR SHARING OCCUPATION TAX
QUARTERLY REMITTANCE FORM**

Tax for the _____ Quarter of _____

Tax Identification Number: _____

LOCATION:

Company: _____

Address: _____

City: Omaha ST: NE Zip: _____

	<u>Quarter Ending</u>	<u>Due Date</u>
1 st	March 31	April 15
2 nd	June 30	July 15
3 rd	September 30	October 15
4 th	December 31	January 15

MAILING ADDRESS:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Contact _____ Phone _____

Tax Computation:

Line 1 Total Revenue For Quarter (3 month period) _____

Line 2 Amount owed to the City (Line1 x 4%) _____

Line 3 Adjustments from prior quarters. (Attach Explanation) _____

Line 4 Penalty and/or interest previously owed _____

Line 5 Total amount owed to City _____

Sign Here _____

Authorized Signature

Title

Date _____

*If you have questions please contact Tyler Leimer (402)-444-4514
Please send two copies of this form and payment to:*

**City Central Cashier, RM H10
Omaha/Douglas County Civic Center
1819 Farnam St
Omaha, NE 68183**