# CITY OF OMAHA HOTEL/MOTEL OCCUPATION TAX
# MONTHLY REMITTANCE RETURN

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

| LOCAL LOCATION | MAILING ADDRESS |
|---|---|
| Hotel/Motel Name: _____ | Name: _____ |
| Street Address: _____ | Address: _____ |
| Omaha, Nebraska Zip: _____ _____ | City: _____ State: _____ Zip_____ |
| Telephone # : _____ | Telephone # : _____ |
| Local Manager: _____ | Contact Name: _____ |

(1) Total revenue received for rooms during month _____

(2) Less: Room revenue not subject to tax _____

(3) Adjustment for prior month (explain below) _____
(Line 1-2 + or - Line 3)

(4) Net taxable revenue for the current month _____

(5) Occupation tax due ( Line 4 x 5.5%) _____

(6) Less Collection Fee (Line 5 x 2%) _____

(7) Total amount owed the City of Omaha _____
(Line 5 - Line 6)

Taxes are due the 25th day of the month following the reporting month and delinquent the next day.

Complete the next section if the tax is late:

(8) Penalty (10% x amount paid after due date) _____

(9) Interest (1% per month x (amount paid after due date + penalty)) _____

(10) Total penalty fees and interest _____

(11) Previous period Occupation Tax payment adjustment _____

(12) Total Occupation tax, penalties, and interest due _____

Explanations:

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 priviledge tax.

Sign Here: _____ _____
Authorized Signature Printed Name

Telephone _____ Date _____

Instructions:
Please send two copies of this form and your remittance to:
1819 FARNAM STREET
CITY CENTRAL CASHIER, RM. H10
OMAHA, NE 68183