

City of Omaha Capitol District Redevelopment Area Business Occupation 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
Business Name: _____
Street Address: _____
Omaha, NE Zip: 68102
Telephone #: _____
Email Address: _____
Local Manager: _____

Corporate Address
Business Name: _____
Address: _____
City & State: _____ Zip: _____
Telephone #: _____
Email Address: _____
Contact Name: _____

Tax Calculation:

1. \$0.25 per square foot of commercial office space not occupied by retail, restaurant, or hotel businesses: _____

Taxes are due the 25th of the month following the reporting month and are delinquent the next day
Complete this section if the tax is late:

4. Penalty: _____
(10% x amount paid after due date)
5. Interest: _____
(1% per month x tax due)
6. Total Late fees and Interest: _____
7. 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 Business Occupation Tax.

Sign Here: _____
Authorized Signature Printed Name

Date: _____

Please Send this form and your remittance to:
CITY OF OMAHA
1819 FARNAM ST., RM. H-10
OMAHA, NE 68183