

## **City of Omaha South Capitol District Business Occupation Tax**

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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. Total Gross Revenue for the Month: \_\_\_\_\_
2. Gross Revenue Exempt from Tax: \_\_\_\_\_
3. Net Revenue Subject to Tax: \_\_\_\_\_
4. Occupation Tax Owed: \_\_\_\_\_  
(.30% x amount on line 3)

**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:

7. Penalty: \_\_\_\_\_  
(10% x amount paid after due date)
8. Interest: \_\_\_\_\_  
(1% per month x tax due)
9. Total Late fees and Interest: \_\_\_\_\_
10. 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