

# CITY OF OMAHA OCCUPATIONAL PRIVILEGE TAX

## City of Omaha Supplemental Form for Tobacco Dealer Occupational Privilege Tax

(use multiple sheets if necessary)

EIN Number \_\_\_\_\_

Tax report for the month of \_\_\_\_\_, 20\_\_\_\_\_

	DBA (Name)	Local Address	Zip Code	Total Revenue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total Revenue

\_\_\_\_\_

(report total on remittance form-line 1)

*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

\_\_\_\_\_

Name (Printed)

\_\_\_\_\_

Date

**Note:** This form should be included with the Occupational Privilege Tax Form when filing for multiple locations