

CITY OF OMAHA TOBACCO DEALER OCCUPATIONAL PRIVILEGE 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	MAILING ADDRESS
Business Name _____	Name: _____
Street Address: _____	Address: _____
Omaha, Nebraska Zip: _____	City: _____ State: _____ Zip _____
Telephone # : _____	Telephone # : _____
Email address: _____	Email address: _____
Local Manager: _____	Contact Name: _____

TAX CALCULATION:

- | | |
|--|-------|
| 1. Total revenue received for sale of, tobacco products during the month | _____ |
| 2. Adjustment to <u>Revenue</u> of previously <u>PAID</u> Period, (Attach explanation) | _____ |
| 3. Net revenue subject to the tax | _____ |
| 4. 3% Occupation tax per Ordinance #39472 (3% x amount on Line 3) | _____ |
| 5. Less: Collection fee (2% x amount on Line 4) | _____ |
| 6. Occupation tax due (Line 4 -Line 5)
* or total from Supplemental form(s) | ===== |

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

Complete the next section if the tax is late:

- | | |
|--|-------|
| 7. Penalty (10% x amount paid after due date) | _____ |
| 8. Interest (1% per month x tax due, Line 6)
<i>(Interest is calculated on tax due, not penalty.)</i> | _____ |
| 9. Total late fees and interest | _____ |
| 10. Previous Period Occupation tax payment adjustment | _____ |
| 11. 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 occupational privilege tax.

Sign Here: _____
Authorized Signature
Printed Name

Instructions: _____ Date _____
Please send this form and your remittance to:

CITY OF OMAHA
1819 FARNAM ST., RM. H-10
OMAHA, NE 68183