CITY OF OMAHA RESTAURANT AND DRINKING PLACES  
OCCUPATIONAL PRIVILEGE TAX

<table>
<thead>
<tr>
<th>EIN Number</th>
<th>Tax report for the month of , 20__</th>
</tr>
</thead>
</table>

**LOCAL ADDRESS**

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Address:</td>
</tr>
<tr>
<td>Omaha, Nebraska</td>
<td>Zip:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>Telephone #:</th>
<th>Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address:</td>
<td>Email address:</td>
</tr>
<tr>
<td>Local Manager:</td>
<td>Contact Name:</td>
</tr>
</tbody>
</table>

**TAX CALCULATION:**

1. Total revenue received for taxable food, beverage and/or catering during the month __________
2. Adjustment to Revenue of previously PAID Period, (Attach explanation) __________
3. Net revenue subject to the tax __________
4. 2.5% Occupation tax per Ordinance #38791 (2.5% 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 amount due) __________
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

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