

CITY OF OMAHA RESTAURANT AND DRINKING PLACES OCCUPATIONAL PRIVILEGE TAX

EIN Number _____	Tax report for the month of _____, 20____
<i>Use Supplemental form if you are reporting for more than one location under the same ID Number</i>	
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 taxable food, beverage and/or catering during the month	_____
2. Prior Period adjustment (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)	_____
<i>Taxes are due the last day of the month following the reporting month and delinquent the next day.</i>	
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. Total Occupation tax and late fee due	_____
<i>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.</i>	
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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