CITY OF OMAHA OCCUPATIONAL PRIVILEGE TAX

City of Omaha
Supplemental Form for Restaurant and Drinking Places 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

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