CITY OF OMAHA HOTEL/MOTEL OCCUPATION TAX
MONTHLY REMITTANCE RETURN

Nebraska I.D. Number _____ **For the month of** _____, 20_____

LOCAL LOCATION	MAILING ADDRESS
Hotel/Motel Name: _____	**Name:** _____
Street Address: _____	**Address:** _____
Omaha, Nebraska Zip: _____	**City:** _____ **State:** _____ **Zip**_____
Telephone # : _____	**Telephone # :** _____
Local Manager: _____	**Contact Name:** _____

(1) Total revenue received for rooms during month	_____
(2) Less: Room revenue not subject to tax	_____
(3) Adjustment for prior month (explain below)	_____
(4) Net taxable revenue for the current month	$0.00
(5) Occupation tax due (Line 4 x 5.5%)	_____
(6) Less Collection Fee (Line 5 x 2%)	_____
(7) Total amount owed the City of Omaha	_____

Explanations:

_____

_____

_____

Sign Here: _____ _____
Authorized Signature **Printed Name**

Telephone _____ **Date** _____

Instructions:
Please send two copies of this form and the amount due on (7) to:

CITY CENTRAL CASHIER, RM. H10
OMAHA/DOUGLAS CIVIC CENTER
OMAHA, NE 68183

PRINT