



84th Street Enhanced Employment Area 1
General Business Occupation Tax Remittance Form

Reporting Period: _____ / _____
MONTH YEAR

Section 1: Business Information

Taxpayer (Corporate/Company) Name: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Phone: _____

Email: _____

NE Sales Tax ID #: _____

Business Name (DBA): _____

Local Address: _____

City, State, Zip: La Vista, NE 68128

Contact Name: _____

Phone: _____

Email: _____

Section 2: Tax Calculation

1. Gross Receipts –
As defined in Ordinance No. 1387

2. Occupation Tax – Event Business
Multiply Line 1 by **3.5%**

3. Administration Allowance
Line 2 multiplied by 2%

4. **TOTAL OCCUPATION TAX DUE**
Total of Line 2 less Line 3

Section 3: Late Payment Fees

5. Prior Period Penalties _____

6. Delinquency Penalty*
10% of Occupation Tax paid after due date _____

7. Interest*
1% per Month _____

8. Total Penalty and Interest
Total of Lines 5 through 7 _____

9. TOTAL AMOUNT 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.

Signature of Taxpayer _____ Date _____

Typed or Printed Name

Title

INSTRUCTIONS:

Send completed form and remittance to

City of La Vista
8116 Park View Blvd.
La Vista, NE 68128

Or email completed form to
cityclerk@cityoflavista.org

QUESTIONS?

Call (402) 331-4343

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