



**CITY OF LA VISTA
HOTEL OCCUPANCY TAX REPORT**

A REPORT MUST BE FILED EVEN IF NO TAX IS DUE

A. Name and mailing address (Please make any necessary changes)

B. Filing Month

C. Due Date (*the 20th of Month after month in Section B*)

- | | |
|---|--------------|
| 1. Total gross room receipts..... | 1. _____ |
| 2. Tax Rate (5%)..... | 2. _____ .05 |
| 3. TOTAL AMOUNT DUE AND PAYABLE (Line 1 times 5%)..... | 3. _____ |

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Sign here ►
(Duly authorized agent)

**Print
Name ►**

Daytime phone
(Area code and number)

Date

Make the amount on Line 3 payable to: **City of La Vista**

Mail to: City of La Vista
Attn: Finance Director
8116 Park View Blvd
La Vista, NE 68128

Please return a copy of this form with all monthly payments.

For Office Use Only

Date Payment Received:

Amount:

Check Number: