



# Restaurants and Drinking Places Occupation Tax Remittance Form

Reporting Period: \_\_\_\_\_ / \_\_\_\_\_  
MONTH YEAR

**Section 1: Business Information**

<b>Taxpayer (Corporate/Company)Name:</b> _____ Mailing Address: _____ City, State, Zip : _____ Contact Name: _____ Phone: _____ Email: _____ NE Sales Tax ID #: _____	<b>Business Name (DBA):</b> _____ Local Address: _____ City, State, Zip: <u>La Vista, NE 68128</u> Contact Name: _____ Phone: _____ Email: _____
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**Section 2: Tax Calculation**

1. Gross Receipts of Sales <small>As defined in LVMC § 113.10.0</small>	_____
2. Occupation Tax (Effective 3/1/23) <small>Line 1 multiplied by 1.0%</small>	_____
3. Administration Allowance Line 2 <small>multiplied by 2%</small>	_____
<b>4. TOTAL OCCUPATION TAX DUE</b> <small>Total of Line 2 less Line 3</small>	_____

**Section 3: Late Payment Fees**

5. Prior Period Penalties	_____
6. Delinquency Penalty* <small>10% of Occupation Tax paid after due date</small>	_____
7. Interest* <small>1% per Month</small>	_____
8. Total Penalty and Interest <small>Total of Lines 5 through 7</small>	_____

**9. TOTAL AMOUNT DUE**      \$ \_\_\_\_\_  
Total of Line 4 and Line 8

*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.  
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