Restaurants and Drinking Places Occupation Tax
QUARTERLY Remittance Form

LA VISTA
IMPROVE YOUR POINT OF VIEW.

YEAR: _____

QUARTER: ☐ JAN-MAR ☐ APR-JUN ☐ JUL-SEP ☐ OCT-DEC

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 of Sales – Month 1 _____
   As defined in LVMC § 113.10.0
2. Gross Receipts of Sales – Month 2 _____
   As defined in LVMC § 113.10.0
3. Gross Receipts of Sales – Month 3 _____
   As defined in LVMC § 113.10.0
4. **Total Gross Receipts of Sales** _____
   Total of Lines 1 through 3
5. Occupation Tax _____
   Line 4 multiplied by 1.5%
6. Administration Allowance _____
   Line 5 multiplied by 2%
7. **TOTAL OCCUPATION TAX DUE** _____
   Total of Line 5 less Line 6

Section 3: Late Payment Fees

8. Prior Period Penalties _____
9. Delinquency Penalty* _____
   10% of Occupation Tax paid after due date
10. Interest* _____
    1% per Month
11. Total Penalty and Interest _____
    Total of Lines 8 through 11

12. TOTAL AMOUNT DUE $_____
Total of Line 7 and Line 11

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 occupation 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 quarter and are delinquent the next day.*

V04.16.2020