



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)

Table with 3 rows: 1. Total gross room receipts, 2. Tax Rate (5%), 3. TOTAL AMOUNT DUE AND PAYABLE (Line 1 times 5%).

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, Print Name, Daytime phone, 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: