



Restaurants and Drinking Places Occupation Tax Remittance Form

Reporting Period: _____ / _____
MONTH YEAR

Section 1: Business Information

Taxpayer (Corporate/Company)Name: _____

Business Name (DBA): _____

Mailing Address: _____

Local Address: _____

City, State, Zip : _____

City, State, Zip: La Vista, NE 68128

Contact Name: _____

Contact Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

NE Sales Tax ID #: _____

Section 2: Tax Calculation

1. Gross Receipts of Sales _____
As defined in LVMC § 113.10.0

2. Occupation Tax _____
Line 1 multiplied by 1.5%

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 \$ _____
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.*