



84th Street Enhanced Employment Area 1 General Business 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: <u>La Vista, NE 68128</u>
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
NE Sales Tax ID #: _____	

Section 2: Tax Calculation

1. Gross Receipts – _____ <small>As defined in Ordinance No. 1387</small>	_____
2. Occupation Tax – Event Business _____ <small>Multiply Line 1 by 3.5%</small>	_____
3. Administration Allowance _____ <small>Line 2 multiplied by 2%</small>	_____
4. TOTAL OCCUPATION TAX DUE _____ <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.
V07.2020