



## Restaurants and Drinking Places Occupation Tax Election to File Quarterly Form

FOR OFFICE USE ONLY:

RECEIVED: \_\_\_\_\_

APPROVAL: \_\_\_\_\_

FIRST QUARTER: \_\_\_\_\_

### 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 #: \_\_\_\_\_

*The above listed taxpayer requests permission to file quarterly returns for the Restaurants and Drinking Places Occupation Tax pursuant to La Vista Municipal Code Subsection 113.10.4.1.*

*By signing this form, taxpayer acknowledges that the calendar quarters are March, June, September, and December and that the quarterly returns are due no later than the last day of the month immediately after the end of each calendar quarter.*

*Further, by signing this form, taxpayer acknowledges that quarterly return and payment election shall be irrevocable, except as outlined in La Vista Municipal Code Subsection 113.10.4.1 (c), and the taxpayer shall make all future payments on a quarterly basis.*

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

Return completed form to:

City of La Vista, ATTN: City Clerk, 8116 Park View Blvd., La Vista, NE 68128

Questions? Contact (402) 331-4343