



84th Street Enhanced Employment Area 1 General Business Occupation Tax Remittance Form

Reporting Period: _____ / _____
MONTH YEAR

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 – _____
As defined in Ordinance No. 1387
2. Occupation Tax – Retail Sales Business _____
Multiply Line 1 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 \$ _____

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.