CITY OF LINCOLN, NEBRASKA
HOTEL OCCUPATION TAX
MONTHLY REMITTANCE WORKSHEET

NE Sales Tax I.D. #: _____ Are you reporting for multiple locations: Yes__ No__

LOCAL LOCATION:
(Complete Form A if submitting for more than one location)

_____
Hotel Business Name

_____
Address

Lincoln, NE _____ _____
Zip Code Phone #

_____
E-mail Address

CONTACT MAILING ADDRESS:

_____
Company Name

_____
Address

_____ _____ _____
City State Zip Code

_____ _____
Phone # Contact Name

Computation of Tax Due for _____ _____
Month Year

(1) Hotel Gross Receipts Subject to tax per Lincoln Municipal Chapter 3.28 _____

(2) Adjustments to Hotel Gross Receipts (attach itemized explanation) _____

(3) Taxable Hotel Gross Receipts (Total of line 1 and line 2) _____

(4) Hotel Occupation Tax Due (4% of line 3) _____

(5) Interest Due* (1% per month) _____

(6) Previously Assessed Penalty _____

(7) Total Amount Due (Total of lines 4 through 6) _____

*Tax is due on or before the 25th day of each month for the preceding month.

I hereby certify that the foregoing is a true and correct statement of all taxable hotel collections for the City of Lincoln according to Chapter 3.28 of the Lincoln Municipal Code, as shown by the records of the above named company.

_____ _____ _____ _____
Signature Print Name Title Date

Remit Payment to:

City Treasurer
City of Lincoln
555 South 10th Street
Lincoln, NE 68508-2830

Revised 1/11/2011