CITY OF LINCOLN, NEBRASKA
RESTAURANT OCCUPATION TAX
QUARTERLY 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)

_____
Restaurant/Bar 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 ~~(Jan/Feb/Mar) (Apr/May/June) (July/Aug/Sept) (Oct/Nov/ Dec)~~ _____
Three Month Period (select period) Year

(1) Restaurant/Bar Gross Receipts Subject to tax per Lincoln Municipal Chapter 3.30 _____

(2) Adjustments to Restaurant/Bar Gross Receipts _____
(attach itemized explanation)

(3) Taxable Restaurant/Bar Gross Receipts (Total of line 1 and line 2) _____

(4) Restaurant/Bar Occupation Tax Due (2% 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 April, July, October, and January for the preceding three month period.

I hereby certify that the foregoing is a true and correct statement of all taxable restaurant collections for the City of Lincoln according to Chapter 3.30 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