

City of Papillion Nebraska

HOTEL ACCOMODATIONS OCCUPATION TAX RETURN FORM

Reporting Period _____
month and year (mm/yyyy)

Due the 25th day of the following month

Taxpayer Name (Corporate/Company) and
Address (Mailing Address):

Business Name (DBA) and Business
Location Address: (if different than Taxpayer):

Phone: _____
Email: _____

Phone: _____
Email: _____

COMPUTATION OF TAX LIABILITY

- 1) Total Lodging Subject to Tax _____
- 2) Occupation Tax (multiply line 1 by .05) _____
- 3) Delinquency Penalty (10% per month or fraction thereof from due date) _____
- 4) Interest (1% per month or fraction thereof from due date) _____
- 5) Total Amount Due (total of lines 2 through 4) _____

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Taxpayer Date

Signature of Preparer (if different than taxpayer) Date

Typed or Printed Name Title

Typed or Printed Name Title

Firm's Name (or yours if self-employed)
Preparer Phone Number: _____
Preparer Email: _____

For tax assistance, call 402-597-2079

This return and payment is due on or before the 25th day of the month following the reporting period indicated above.

Mall this completed return and payment for the amount shown on line 5 along with a copy of the Nebraska Department of Revenue Lodging Tax Return Form 64 to: Occupation Tax Return, City of Papillion, 122 East Third Street, Papillion, NE 68046