CITY OF LINCOLN, NEBRASKA
RESTAURANT OCCUPATION TAX
QUARTERLY REMITTANCE WORKSHEET

Check this box if your business has permanently closed, or has been sold to someone else. Date closed or sold: ___/___/___

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

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

Restaurant/Bar Name Company Name
________________________ __________________________
Address Address
________________________ __________________________
Lincoln, NE________________________ Phone # __________________________
City State Zip Code
________________________
E-mail Address Phone # Contact Name
________________________

Computation of Tax Due for __________________________
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 8/31/2018