



LINCOLN

**CITY OF LINCOLN, NEBRASKA  
HOTEL OCCUPATION TAX  
MONTHLY 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:**

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

**CONTACT MAILING ADDRESS:**

\_\_\_\_\_  
Hotel Business Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Lincoln, NE \_\_\_\_\_  
Zip Code Phone #

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
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 25<sup>th</sup> 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**