



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 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 8/31/2018