

## 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: (Complete Form A if submitting for	r more than one location)	CONTACT MAIL	NG ADDRESS:		
Restaurant/Bar Name		Company Name			
Address		Address			
Lincoln, NE					
Zip Code Pho	ne#	City	State	Zip Code	
E-mail Address		Phone #	Contact Name		
(1) Restaurant/Bar Gross Reco (2) Adjustments to Restaurant (attach itemized explanation (3) Taxable Restaurant/Bar Gr (4) Restaurant/Bar Occupation (5) Interest Due* (1% per mon (6) Previously Assessed Pena	/Bar Gross Receipts  ross Receipts (Total of line 3)  Tax Due (2% of Line 3)	incoln Municipal Chapte ne 1 and line 2)	Year 3.30	r	
(7) Total Amount Due (Total o	flines 4 through 6)				
*Tax is due on or before the 25 <sup>th</sup> d	ay of April, July, October, a	nd January for the precedin	g three month pe	riod.	
I hereby certify that the foregoing to Chapter 3.30 of the Lincoln Mur				e City of Lincoln acc	ording
Signature	Print Name	Title		Date	
Remit Payment to:	City Treasurer City of Lincoln 555 South 10th Lincoln, NE 68				