

CITY OF RALSTON RESTAURANT AND DRINKING PLACES OCCUPATIONAL PRIVILEGE TAX

EIN NUMBER _____

Tax report for the month of _____, 20_____

Use supplemental form if you are reporting for more than one location under the same ID Number

	LOCAL ADDRESS		MAILING ADDRESS
Business Name:	_____	Name:	_____
Street Address:	_____	Address:	_____
Ralston, Nebraska	Zip: _____	City: _____ State: _____ Zip: _____	
Telephone #:	_____	Telephone #:	_____
Email address:	_____	Email address:	_____
Local Manager:	_____	Contact name:	_____

TAX CALCULATION:

- | | |
|----------------------------------------------------------------------------------------|-------|
| 1. Total revenue received for taxable food, beverage and/or catering during the month | _____ |
| 2. Adjustment to <u>Revenue</u> of previously <u>PAID</u> Period, (Attach explanation) | _____ |
| 3. Net revenue subject to the tax | _____ |
| 4. 2.5% Occupation tax per Ordinance #1199 (2.5% x amount on Line 3) | _____ |
| 5. Less: Collection fee (2% x amount on Line 4) | _____ |
| 6. Occupation tax due (Line 4 - Line 5)
*or total from supplemental form(s) | _____ |

Taxes are due the last day of the month following the reporting month and delinquent the next day.

Complete the next section if the tax is late:

- | | |
|-------------------------------------------------------|-------|
| 7. Penalty (10% x amount paid after due date) | _____ |
| 8. Interest (1% per month x amount due) | _____ |
| 9. Total late fees and interest | _____ |
| 10. Previous Period Occupation tax payment adjustment | _____ |
| 11. Total Occupation tax and late fee due | _____ |

Under the penalties provided by law, the person signing this form affirms that this is a complete and accurate statement of the receipts and payments subject to the occupational privilege tax.

Sign Here: _____
Authorized Signature

Printed Name

Instructions:
Please send this form and your remittance to:
CITY OF RALSTON
5500 S. 77TH ST.
RALSTON, NE 68127

Date