



City of Ralston, Nebraska

LODGING OCCUPATION TAX RETURN FORM

Reporting Period: _____
Month | Year

Due the 25th of the following month

Taxpayer Name (Corporate/Company) and
Address (Mailing Address)

Business Name (DBA) and Business
Location Address: (if different than taxpayer)

Phone: _____

Phone: _____

Email: _____

Email: _____

COMPUTATION OF TAX LIABILITY

1)	Total Lodging Revenue Subject to Tax	
2)	Occupation Tax (multiply line 1 by .055)	
3)	Delinquency Penalty (10% per month or fraction thereof from due date)	
4)	Interest (1% per month or fraction thereof from due date)	
5)	Total Amount Due (total of lines 2 through 4)	

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Taxpayer

Date

Signature of Preparer
(if different than taxpayer)

Date

Typed or Printed Name

Title

Typed or Printed Name

Title

For tax assistance, call 402.331.6677

This return and payment is due on or before the 25th day of the month following the reporting period indicated above. Mail this completed return and payment for the amount shown on line 5 along with a copy of the Nebraska Department of Revenue Lodging Tax Return Form 64 to:

Ralston City Hall, 5500 S. 77th Street, Ralston, NE 68127

Firm's Name (or yours if self-employed)

Preparer Phone Number: _____

Preparer Email: _____