

CITY OF OMAHA OCCUPATIONAL PRIVILEGE TAX

City of Omaha
Supplemental Form for Restaurant and Drinking Places Occupational Privilege Tax

(use multiple sheets if necessary)

EIN Number _____

Tax report for the month of _____, 20____

	DBA (Name)	Local Address	Zip Code	Total Revenue
1				
2				
3				
4				
5				
6				
7				
8				
9				
10.				

Total Revenue

_____ (report total on remittance form-line 1)

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

 Name (Printed)

 Date

Note: This form should be included with the Occupational Privilege Tax Form when filing for multiple locations