## **City of Norfolk Nebraska** LODGING OCCUPATION TAX RETURN FORM

Reporting Period:	Due the 25 <sup>th</sup> day of the following month
Taxpayer Name (Corporate/Company) and Address (Mailing Address):	Business Name (DBA) and Business Location Address: (if different than Taxpayer)
Phone: Email:	Phone: Email:
COMPUTATION (	OF TAX LIABILITY
1) Total Lodging Subject to Tax	
2) Occupation Tax (multiply line 1 by .04)	
3) Delinquency Penalty (2% per month or fraction	n thereof from due date)
4) Interest (1% per month or fraction thereof from	om due date)
5) Total Amount Due (total of lines 2 through 4	·)
	tw I declare that I have examined this return and to the best of further declare that the information set forth is taken from the l.

Signature of Taxpayer	Date	Signature of Preparer (if different than taxpayer) Date	
Typed or Printed Name	Title	Typed or Printed Name	Title
		Firm's Name (or yours if self-employed)	
		Preparer Phone Number:	
		Preparer Email:	

For tax assistance, call 402-844-2000

**This return and payment is due on or before the 25<sup>th</sup> 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:

Occupation Tax Return, City of Norfolk, 309 N 5th St, Norfolk, NE 68701