

**CITY HALL**

400 Ella Street | Beatrice, NE 68310
Phone: 402.228.5200 Fax: 402.228.2312

SERVICE CENTER

500 North Commerce Street | Beatrice, NE 68310
Phone: 402.228.5211 Fax: 402.223.5181

**LODGING OCCUPATION TAX
MONTHLY REMITTANCE REPORT
(delinquent on 25th of following month)**

Reporting Period: _____ through _____

FEIN: _____

Company Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Contact Person: _____

Email: _____

Gross Sales Subject to Tax \$ _____

Tax Rate 3%

Gross Tax (delinquent on 25th of following month) \$ _____

Plus: Penalty (14% per annum if not paid by delinquent date) \$ _____

Less: Credit Applied \$ _____

TOTAL REMITTANCE \$ _____

I hereby certify that all information provided herein is true, complete, and accurate to the best of my knowledge.

Signature Date: _____

Printed Name/Title

REMIT TO:

City of Beatrice
% City Clerk
400 Ella Street
Beatrice, NE 68310

QUESTIONS:

Hannah Bell, Finance Director
Phone : 402-228-5200
Fax : 402-228-2312
Email : hbell@beatrice.ne.gov