

City of Norfolk Nebraska

FOOD AND BEVERAGE OCCUPATION TAX RETURN

Reporting Period: _____ / _____
month and year (mm/yyyy)

Due the 25th 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: _____

Phone: _____

Email: _____

Email: _____

COMPUTATION OF TAX LIABILITY

- 1) Total Sales Subject to Tax _____
- 2) Occupation Tax (multiply line 1 by .02) _____
- 3) Delinquency Penalty (2% 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) _____

For businesses having sales subject to Norfolk's occupation tax that are 85% or more of sales subject to Norfolk sales tax, include a copy of the Nebraska Department of Revenue Sales and Use Tax Return Form 10 with Schedule I when mailing this return.

Check here if your sales subject to Norfolk's occupation tax are less than 85% of sales subject to Norfolk sales tax.

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

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 25th day of the month following the reporting period indicated above.

Mail this completed return and payment for the amount shown on line 5 to:
Occupation Tax Return, City of Norfolk, 309 N 5th St, Norfolk, NE 68701