



Administrative Offices
 P.O. Box 276
 100 E. 4th Street
 York, NE 68467

Hotel Occupation Tax Remittance Form

Reporting Period _____ Through _____

FEIN: _____

Name of Hotel :
Address:
Company Name:
Address:
Phone:
Fa x:
Primary Contact:
Phone:
Email:

Gross Sales	
Tax Rate	5%
Gross Tax	
Plus: Penalty (10% on delinquent amount)	
Plus Interest {1% per month)	
Net Tax Amount to be Remitted	

Signature/Title	Date
<i>I hereby declare that all information provided herein is true, complete, and accurate to the best of my knowledge.</i>	

REMIT TO: City of York P. O. BOX 276 York, NE 68467	CONTACT INFO: Amanda Ring Phone: 402.363.2600 Email: aring@cityofyork.net
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