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

REMIT TO:

City of York
P. O. BOX 276
York, NE 68467

CONTACT INFO:

Amanda Ring
Phone: 402.363.2600
Email: aring@cityofyork.ne.gov