

City of Grand Island Finance Department
100 E. 1st Street, PO Box 1968
Grand Island, NE 68802-1968
308-385-5444 Ext. 161 or 168

Enhanced Employment Act Occupation Tax

Name: _____
DBA: _____
Address: _____
City, State, Zip: _____
Contact Name: _____
Phone Number _____

Reporting Period (for month ending) _____

- 1) Gross Receipts of Sales as defined in Section 4 (see reverse side of form) _____
- 2) Occupation Tax Rate (multiply line 1 by .01) _____
- 3) Occupation Tax Due _____

Note: Taxes are due the 25th of the month following the reporting month and delinquent the next day.

Any late notices are also relayed to your rental agency: Grand Island Joint Venture, LLC

Only complete next section if paying late:

Late Payment Fees:

- 4) Prior Period Penalties _____
- 5) Delinquency Penalties (10% of Occupation Tax due) _____
- 6) Interest Penalties (1% per month) _____
- 7) Late Payment Fee Total (Total of lines 4+5+6) _____
- 8) Total Amount Due (Total of Lines 3+7) _____

Signature: _____

Printed Name: _____

Date: _____

You may wish to seek advice from your tax consultant on the calculation of the occupation tax in coordination with any other sales tax or other occupation taxes for which your business is responsible for. This occupation tax is a tax on the business that you are engaged in.

Please return the completed form with payment to the address shown above.