

City of Grand Island Finance Department
100 E 1st St PO Box 1968
Grand Island NE 68802
308-385-5444 Extension 182

Hotel Occupation Tax

Name: _____
DBA: _____
Address: _____
City,State,Zip: _____
Hotel Phone # _____
Contact Name & Phone # _____

Reporting Period (for month ending) _____

- 1) Taxable Sales** _____
- 2) Occupation Tax Rate (multiply line 1 by .02) X .02
- 3) Occupation Tax Due _____

**Note: Taxes are delinquent after the 25th day of the next succeeding month.
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: _____

**Tax does not apply to room rentals other than those with sleeping accommodations. i.e.: Meeting rooms, banquet rooms, etc.

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