

## City of Columbus, Nebraska Lodging Facility Tax Reporting Form

Reporting Period:	through
FEIN:	

Company/Facility Name:
Facility Address:
Mailing Address:
City, State, ZIP:
Phone:
Fax:
Contact Person:
Email:

Gross Sales	
Tax Rate (4%)	x .04
Gross Tax	
Plus: Penalty (2% per month on delinquent amount)	
Plus: Interest (1% per month)	
Net Tax Amount to be Remitted	

<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Signature</td> <td style="width: 33%;">Title</td> <td style="width: 33%;">Date</td> </tr> </table>	Signature	Title	Date
Signature	Title	Date	
I hereby declare that all information provided herein is true, complete, and accurate to the best of my knowledge.			

<b>REMIT TO:</b> City of Columbus P.O. Box 1677 Columbus, NE 68602-1677	<b>CONTACT INFO:</b> City Clerk's Office Phone: 402-562-4225 Fax: 402-563-1380 Email: <a href="mailto:cclerk@columbusne.us">cclerk@columbusne.us</a>
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