Nebraska Department of

Name of Event			
Location of Event			
State ID Number			
08-			
Dates of Event	Please Do Not Write In this Space		
Name and Address of Vendor	_		
Name of Vendor			
Street Address	_		
City State Zip Code	_		
Phone Number	Email Address		
1 Taxable sales		1	00
<b>2</b> Sales tax (line 1 x)		2	
			<u> </u>
3 Collection fee (line 2 x <u>.03</u> ) (Cannot exceed \$150. See	instructions.)	3	
4 Net tax due (line 2 minus line 3). Please remit within 10 d	days of the event.	4	
Under penalties of law, I declare that I have examined this report, and	d to the best of my knowledge and belief, it is correct and c	omplete.	
sign			
here Authorized Signature	Title	Date	
If you have any questions regarding this report, ple	ease contact the undersigned agent.		
Name of Agent			
Phone Number			
Instru	uctions		
<b>Instructions to Promotors.</b> These forms are <b>for use</b> by the Nebraska Department of Revenue (Department).	only by out-of-state vendors, unless otherw	ise instructed	
<b>Line 1.</b> Enter the total sales (excluding sales tax). Booth taxable sales or sales tax due.	rental fees or other expenses cannot be deduct	ted from your	
Line 2. Multiply line 1 by the sales tax rate indicated or	n line 2.		
Line 3. Multiply line 2 by the collection fee rate indicate	ed on line 3 (this is your commission for colle	cting the tax).	
Example. \$100 x .03 = \$3.00. If the result is \$150	or more, enter \$150.		
Line 4. Subtract line 3 from line 2 and remit this amount			

A copy of this report, properly signed and accompanied by a check or money order payable to the Nebraska Department of Revenue, must be filed within 10 days of the event. If your sales are zero, enter -0- on line 1, sign, and return to the Department.

Mail this report and tax due to: Nebraska Department of Revenue, PO Box 98923, Lincoln, NE 68509-8923.

## revenue.nebraska.gov, 800-742-7474 (NE and IA), or 402-471-5729

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