NEBRASKA
Good Life. Great Service.
DEPARTMENT OF REVENUE

Convention Center Facility Financing Assistance Act/ Sports Arena Facility Financing Assistance Act

Sales and Use Tax Information Form

This form is for information purposes only. Do not remit any payment with this form.

Month and Year	**Please Do Not Write In This Space**
Nebraska ID Number	

Name and Location Address	**Name and Mailing Address**
Name Doing Business As (DBA)	Name
Legal Name	
Business Street Address (Do not use PO Box.)	Street or Other Mailing Address
City State Zip Code	City State Zip Code

CHI Health Center Omaha

1a Enter the net taxable sales made on the premises of or delivered to the CHI Health Center Omaha for the period indicated above **1a**

1b Enter only the amount of **state** sales tax collected on the sales reported on line 1a (5.5%) **1b**

Do not pay this amount.

Pinnacle Bank Arena

2a Enter the net taxable sales made on the premises of or delivered to the Pinnacle Bank Arena for the period indicated above **2a**

2b Enter only the amount of **state** sales tax collected on the sales reported on line 2a (5.5%) **2b**

Do not pay this amount.

Ralston Arena

3a Enter the net taxable sales made on the premises of or delivered to the Ralston Arena for the period indicated above **3a**

3b Enter only the amount of **state** sales tax collected on the sales reported on line 3a (5.5%) **3b**

Do not pay this amount.

Under penalties of law, I declare that I have examined this form, and to the best of my knowledge and belief, it is correct and complete.

sign here ▶ Authorized Signature | Title | Date | ( ) Phone Number

Email Address

Instructions

Who Must File. Every person collecting and reporting sales tax for taxable sales or services made on the premises of or delivered to the CHI Health Center Omaha, Pinnacle Bank Arena, or the Ralston Arena must file this form.

When and Where to File. Send this information form to the Nebraska Department of Revenue, PO Box 98923, Lincoln, NE 68509-8923 on or before the 20th day of the month following the month the reported sales were made. Please do not remit any payment with this form. To prevent any processing problems, please send this information form separate from your Nebraska Sales and Use Tax Return, Form 10.

Tax Month and Year. Fill in the month and year the taxable sales were made on the premises of or delivered to the CHI Health Center Omaha, Pinnacle Bank Arena, or the Ralston Arena.

Business Name, Location, and Mailing Address. Complete the Business Name and Location Address and Name and Mailing Address blocks. If the addresses are identical, complete only the Location Address and write "same" in the Mailing Address.

Email. By entering an email address, the taxpayer acknowledges that the Nebraska Department of Revenue (DOR) may contact the taxpayer by email. The taxpayer accepts any risk to confidentiality associated with this method of communication. DOR will send all confidential information by secure email or the State of Nebraska's file share system. If you do not wish to be contacted by email, write "Opt Out" on the line labeled "email address".

This form is due on or before the 20th day of the month following the tax period indicated above.
Mail this form to: **Nebraska Department of Revenue, PO Box 98923, Lincoln, NE 68509-8923.**
www.revenue.ne.gov, 800-742-7474 (NE and IA), 402-471-5729

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