



Louisville Metro Revenue Commission

Statement of Non-Employee Compensation

Tax Year 2023

Form

1099-SF

INDIVIDUAL/SOLE PROPRIETOR			
Last Name	First Name	MI	Social Security Number

CORPORATION/PARTNERSHIP	
Legal Name/Business Name	Federal ID Number

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)	Unit/Apt #	Account ID
City, town, or post office	State	Zip code
Email	Phone #	Ext.

If Column 5 is not completed, total compensation will be calculated at 100%.

If \$0.00 compensation was earned in Louisville Metro, Kentucky, do not enter a record for the recipient.

Column 1	Column 2		Column 3	Column 4	Column 5
Recipient's Name	Recipient's Address		Recipient's Identification Number Required -Full 9-digit ID	Total Non-Employee Compensation Paid	Amount of Column 4 Earned in Louisville Metro, Kentucky
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip code		
			Federal ID Number		
				.00	.00
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip code		
			Federal ID Number		
				.00	.00
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip code		
			Federal ID Number		
				.00	.00
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip code		
			Federal ID Number		
				.00	.00
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip Code		
			Federal ID Number		
				.00	.00
	Address (number and street)	Unit/Apt #	Social Security Number		
	City, town, or post office	State	Zip Code		
			Federal ID Number		
				.00	.00
TOTAL				.00	.00

Signature	I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.	
	Your Signature	Date
	Print/Type your name	Your Title

Electronic Filing

Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes online. For more information access <https://metrorevenue.org>

Any business entity required to report more than 10 reports (payee records) on behalf of themselves or their clients must submit the records electronically. (LMCO §110.18(A)(2))

MAILING ADDRESS: P.O. BOX 32060, LOUISVILLE KENTUCKY 40232-2060
Telephone: (502) 574-4860