



Louisville Metro Revenue Commission

Statement of Non-Employee Compensation**2021**

Form

1099-SF

INDIVIDUAL/ SOLE PROPRIETOR ▼			
Last name	First name	MI	Social Security Number

CORPORATION/ PARTNERSHIP ▼			
Legal name/ Business name			Federal ID Number

<input type="checkbox"/> CHECK IF CHANGE IN ADDRESS IS BELOW			
Address (number and street)		Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code	Calendar Year
Email	Phone no.	Ext.	If Column 5 is not completed, total compensation will be calculated at 100%.

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

Column 1 Recipient's Name	Column 2 Recipient's Address		Column 3 Recipient's identification Number Required - Full 9-digit ID	Column 4 Total Non-Employee Compensation Paid	Column 5 Amount of Column 4 earned in Louisville Metro
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip code	.00	.00
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip code	.00	.00
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip code	.00	.00
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip Code	.00	.00
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip Code	.00	.00
	Address (number and street)	Unit/Apt. no.	ID Type EIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/>		
	City, town, or post office	State	Zip Code	.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.	
	Signature	Title
	Print Name	Date

ELECTRONIC FILING
Register for electronic filing. It is an easy, secure, and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenue.org>
Any business entity required to report more than 25 reports (payee records) on behalf of themselves or their clients must submit the records electronically. (LMCO §110.18(A)(2))