General	The	Louisville Metro Revenue	Commission, (hereinafter re	ferred to as the "Revenue Comn	nission") collects		
Information	Occupational License Fees/Taxes (hereinafter referred to as "Occupational Taxes") on all income earned within						
information	Louisville Metro, Kentucky. There is no minimum earned income amount before you are liable for filling a tax return. The occupational tax is imposed upon the privilege of engaging in business, profession, occupation, or trade within						
			egardless of the legal residenc f Jefferson County, Kentucky.	ce of the person so engaged. Lou	isville Metro includes the		
Tax Rate	The). This total is distributed as follo	ows:		
	•	1.25% (.0125) to Louisvi					
	•		ithority of River City (TARC)				
	•	, ,	sville and Anchorage Public So				
Who Must File an	•			ites, trusts, or other businesses e	engaged in an occupation,		
Occupational			n business nexus in Louisville				
License Tax	•			, or other compensation for wor nt of occupational taxes have no			
Return			-	NOTE: Any payments that are re			
				onal taxes. Employers are require			
(Form OL-3)				ssion, however if your employer			
		amount of occupational	tax, you must file a return.				
Note: If you are an	•			where the property available for			
individual requesting a			•	ment buildings containing four o			
refund for time worked outside of Louisville				ructures shall be deemed with r			
Metro, KY, you are		gross receipts received t		o be paid and a return filed rega	rdiess of the amount of		
required to file an	•			al of real property (other than re	and property described in		
"Application for		_		reater than or equal to \$50,000.			
Employee Refund of				are presumed to be in business.	00 (01 \$100,000.00 01 more		
Occupational Taxes	The	The Revenue Commission and the Internal Revenue Service have entered into a coordination of tax administration					
Withheld."	agreement which allows the exchange of tax information between the two agencies pursuant to Internal Revenue Service Code Section 6103(d).						
	361	vice code section oros(d)					
A Toy Course Navet	+	Your husiness activity re		ar			
A Tax Form Must	•		sulted in a loss for the tax yea		o operations at a future		
A Tax Form Must Be Filed Even If	+		sulted in a loss for the tax yea	ar. tax year but do intend to resum	e operations at a future		
	•	You were not actively er date.	sulted in a loss for the tax year				
	•	You were not actively endate. Your business activity cethat operations ceased.	sulted in a loss for the tax year ngaged in business during the rased prior to the beginning o	tax year but do intend to resum	provided written notification		
	•	You were not actively er date. Your business activity ce that operations ceased. Your business was operafiscal period.	sulted in a loss for the tax year ngaged in business during the rased prior to the beginning o	tax year but do intend to resum f the tax year, but you have not year but ceased operation prior	provided written notification r to the completion of the		
	•	You were not actively er date. Your business activity ce that operations ceased. Your business was operafiscal period. You applied for a tax nur	sulted in a loss for the tax year ngaged in business during the rased prior to the beginning o	tax year but do intend to resum f the tax year, but you have not x year but ceased operation prior	provided written notification r to the completion of the		
Be Filed Even If	•	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax null Louisville Metro, Kentuc	sulted in a loss for the tax yes ngaged in business during the cased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s	tax year but do intend to resum If the tax year, but you have not It year but ceased operation prior It year but never trans It is in the future.	provided written notification r to the completion of the acted business within		
	• •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax null Louisville Metro, Kentuc	sulted in a loss for the tax year ngaged in business during the rased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the	tax year but do intend to resum If the tax year, but you have not x year but ceased operation prior arting a business but never trans o in the future. 15th day of the 4th month after	provided written notification to the completion of the acted business within the end of the fiscal year.		
Be Filed Even If	• •	You were not actively er date. Your business activity ce that operations ceased. Your business was operafiscal period. You applied for a tax nurbusille Metro, Kentuc	sulted in a loss for the tax yes ngaged in business during the cased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s	tax year but do intend to resum If the tax year, but you have not It year but ceased operation prior It year but never trans It is in the future.	provided written notification r to the completion of the acted business within		
Be Filed Even If	• •	You were not actively er date. Your business activity ce that operations ceased. Your business was operafiscal period. You applied for a tax nurbusille Metro, Kentucom OL-3 must be hand-delicor Fiscal Year Ending	sulted in a loss for the tax year regaged in business during the reased prior to the beginning of rational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 2	tax year but do intend to resum If the tax year, but you have not If year but ceased operation prior If year but ceased operation prior If year but ceased operation prior If year but never trans If year but year but never trans If year but year but year but never trans If year but year but year but year but never trans If year but year but year but year but year but never trans If year but year but year but year but year but never trans If year but year but year but year but never trans If year but year but year but year but never trans If year but year but year but year but never trans If year but year but year but never trans If year but year but year but year but never trans If year but yea	provided written notification to the completion of the acted business within the end of the fiscal year. <u>Due Date</u>		
Be Filed Even If	• •	You were not actively er date. Your business activity ce that operations ceased. Your business was operafiscal period. You applied for a tax nuu Louisville Metro, Kentuc m OL-3 must be hand-delicor Fiscal Year Ending DEC 31 JAN 31 FEB 28	sulted in a loss for the tax yes gaged in business during the eased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 3 Due Date APR 15 MAY 15 JUN 15	tax year but do intend to resum If the tax year, but you have not If year but ceased operation prior If year but never trans If year but never trans If year fiscal Year Ending If year Solution If you want to be year and year and year If year and year and year and year If year and year If year and year If year and year and year If year and year and y	provided written notification to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15		
Be Filed Even If	• •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax nurbusiville Metro, Kentuc m OL-3 must be hand-delicor Fiscal Year Ending DEC 31 JAN 31 FEB 28 MAR 31	sulted in a loss for the tax yes agaged in business during the cased prior to the beginning of ational for a portion of the tax where the same with the intention of stake, and do not intend to do so the same wered or postmarked by the same support of the same suppor	f the tax year, but you have not a year but ceased operation prior arting a business but never trans to in the future. 15th day of the 4th month after to For Fiscal Year Ending JUN 30 JUL 31 AUG 31 SEP 30	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15		
Be Filed Even If	• •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax numbers and the season of the	sulted in a loss for the tax yes agaged in business during the cased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the : Due Date APR 15 MAY 15 JUN 15 JUN 15 JUL 15 AUG 15	tax year but do intend to resum If the tax year, but you have not If year but ceased operation prior If the tax year, but you have not If year but ceased operation prior If year but ceased operation prior If year but never trans If year in the future. If year in the future in the year in the future in the year in the yea	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15		
Be Filed Even If	• •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax nurbusiville Metro, Kentuc m OL-3 must be hand-delicor Fiscal Year Ending DEC 31 JAN 31 FEB 28 MAR 31	sulted in a loss for the tax yes agaged in business during the cased prior to the beginning of ational for a portion of the tax where the same with the intention of stake, and do not intend to do so the same wered or postmarked by the same support of the same suppor	f the tax year, but you have not a year but ceased operation prior arting a business but never trans to in the future. 15th day of the 4th month after to For Fiscal Year Ending JUN 30 JUL 31 AUG 31 SEP 30	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15		
Be Filed Even If When to File	• • • • • • • • • • • • • • • • • • •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax null Louisville Metro, Kentuc m OL-3 must be hand-delifor Fiscal Year Ending DEC 31 JAN 31 FEB 28 MAR 31 APR 30 MAY 31	sulted in a loss for the tax yes agaged in business during the cased prior to the beginning of ational for a portion of the tax where the same with the intention of stake, and do not intend to do so the same with the intention of stake, and do not intend to do so the same with the intention of stake, and do not intend to do so the same with the intention of stake, and do not intend to do so the same with	tax year but do intend to resum If the tax year, but you have not If year but ceased operation prior If year but ceased operation prior If year but ceased operation prior If year but never trans If year in the future. If year in the future. If year in the year in the year in the future in the future in the year in the ye	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15 MAR 15		
Be Filed Even If	• • • • • • • • • • • • • • • • • • •	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax numbers with the control of th	sulted in a loss for the tax yes agaged in business during the assed prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 3 Due Date APR 15 MAY 15 JUN 15 JUN 15 JUL 15 AUG 15 SEP 15 ers an easy, secure, and conv	f the tax year, but you have not a year but ceased operation prior arting a business but never trans to in the future. 15th day of the 4th month after to 15th day of the 4th month after 15th day of the 31 SEP 30 OCT 31 NOV 30 1enient way to file and pay taxes	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15 MAR 15 on-line. For more		
Be Filed Even If When to File	• • • For <u>f</u>	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax numbers with the control of th	sulted in a loss for the tax yes gaged in business during the lased prior to the beginning of stional for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 2 Due Date APR 15 MAY 15 JUL 15 AUG 15 SEP 15 ers an easy, secure, and convest at https://www.metrorever	f the tax year, but you have not a year but ceased operation prior on the future. So in	provided written notification r to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15 MAR 15 on-line. For more ally it should be mailed to		
Be Filed Even If When to File	• • • For <u>f</u>	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax numbers with the control of th	sulted in a loss for the tax yes agaged in business during the cased prior to the beginning of ational for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 2 Due Date APR 15 MAY 15 JUN 15 JUN 15 JUN 15 SEP 15 ers an easy, secure, and conves at https://www.metrorevere commission, P.O. Box 3541	f the tax year, but you have not a year but ceased operation prior arting a business but never trans to in the future. 15th day of the 4th month after to 15th day of the 4th month after 15th day of the 31 SEP 30 OCT 31 NOV 30 1enient way to file and pay taxes	provided written notification to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15 MAR 15 on-line. For more ally it should be mailed to 110, or hand-delivered to		
Be Filed Even If When to File	For <u>f</u>	You were not actively endate. Your business activity cethat operations ceased. Your business was operafiscal period. You applied for a tax numbers with the control of th	sulted in a loss for the tax yes gaged in business during the lased prior to the beginning of stional for a portion of the tax mber with the intention of sta ky, and do not intend to do s vered or postmarked by the 3 Due Date APR 15 MAY 15 JUN 15 JUN 15 JUN 15 SEP 15 ers an easy, secure, and convers at https://www.metrorever er Commission, P.O. Box 3541 buisville, Kentucky 40202. All	f the tax year, but you have not a year but ceased operation prior on the future. Loth day of the 4th month after to For Fiscal Year Ending JUN 30 JUL 31 AUG 31 SEP 30 OCT 31 NOV 30 Lenient way to file and pay taxes to be a year of the day of the day of the day of the day of the 4th month after to for Fiscal Year Ending JUN 30 JUL 31 AUG 31 SEP 30 OCT 31 NOV 30 Louisville, Kentucky 40232-54	provided written notification to the completion of the acted business within the end of the fiscal year. Due Date OCT 15 NOV 15 DEC 15 JAN 15 FEB 15 MAR 15 on-line. For more ally it should be mailed to 110, or hand-delivered to		

Extensions A 90% estimated payment of the final tax liability is required to avoid penalty. Penalties for Failure to File/Pay Interest	If an extension of time for filing is required, a separate extension request to the Louisville Metro Revenue Commission is mandatory in all cases. You must file Form OL-3EXT or a copy of your federal extension application to request an automatic 6-month extension to file Form OL-3. All extension requests should include your Revenue Commission Account ID. The extension must be postmarked or hand-delivered to the Revenue Commission, 617 West Jefferson Street, Louisville, Kentucky 40202, on or before the original due date. Any tax due must be paid by the 15th day of the 4th month following the close of the fiscal year end. There is a five percent (5%) penalty per month, or a fraction of a month, to a maximum of twenty-five percent (25%) of the unpaid license tax liability, for failure to file and/or pay a tax return by the regular or extended due date. Pursuant to KRS 67.790, there is a minimum \$25.00 penalty for failure to file any return or report by the due date. Interest is computed at twelve percent (12%) per annum from the original due date until total tax liability is paid in full. (See EXHIBIT "A", ACCELERATED PAYMENT OF OCCUPATIONAL TAX ON BUSINESS NET PROFIT regarding interest on late quarterly deposits.)				
Refund Request	Claims for refund or credit must be submitted within two (2) years from the filing of the tax return or due date of the tax return, or two (2) years from payment, whichever is later.				
State Exemptions The following persons are exempt under Kentucky law from the	 Any company that pays both an ad valorem tax and a franchise tax pursuant to the provisions of KRS 136.120. Persons whose sole business activity is the manufacture and/or sale of alcoholic beverages. (However, persons having only a portion of their business activity being derived from the manufacturing and/or selling of alcoholic beverages are required to file a return, but may exclude the portion of their net profits derived from such manufacture and/or sale of alcoholic beverages on Line 15. See instructions for Line 15 for more detailed information). 				
net profits occupational tax and are not required to file a return	Life insurance companies incorporating under the laws of and doing business in the State of Kentucky [See KRS 136.320 (4) (5)].				
	 Banks, trust companies, combined bank and trust companies, combined trust, banking and title businesses, savings and loan associations (whether state or federally chartered). Persons whose sole wages, salaries, commissions, or other compensations earned in Louisville Metro, Kentucky, are derived from service as members of the Kentucky National Guard for active duty training, unit training assemblies, and annual field training. Persons engaged in the business of conducting a race track at which races are run for stakes, purses, or prizes, under the jurisdiction of the State Racing Commission, whose only activity in Louisville Metro, Kentucky, is the conducting of such race track and/or the operating or maintenance of pari-mutuel machines. 				
Special Provisions of Local Laws	The following entities are exempt under Louisville Metro, KY, ordinances from the occupational tax and are not required to file a return: boards of trade, chambers of commerce, trade associations or unions, community chest funds or foundations, corporations or associations organized and operated exclusively for religious, charitable, scientific, literary, educational, or civic purposes, or for the prevention of cruelty to children or animals; clubs or fraternal organizations operated exclusively for social, literary, educational, or fraternal purposes where no part of the earnings, income, or receipts of any such units, groups, or associations inures to the benefits of any private shareholder or individual. The following persons are exempt from the Louisville Metro, KY, occupational tax rate of (.0125) and the Transit Authority of River City occupational tax rate of (.0020), but are subject to the School Boards' occupational tax rate of (.0075): Compensation received by duly ordained ministers of religion- A duly ordained minister of religion is defined as being a natural person who has been ordained in accordance with the ceremonial ritual or discipline of a recognized church, religious sect, or other religious organization to teach and preach its doctrines or to administer its rites in public worship, and who regularly performs one or more of those duties. The exemption does not apply to compensation for services performed in Jefferson County in activities not connected with his/her regular duties as a minister of religion. The following persons are subject to the Louisville Metro, KY, and Transit Authority of River City occupational tax rate of (.0145), but are not subject to the School Boards' occupational tax rate of (.0075) An employee whose legal residence is not within Louisville Metro, Kentucky.				
Accounting Methods	 CONSOLIDATED RETURNS - Are not permitted in filing this return. If a corporation which is subject to the occupational license tax is included in a consolidated return, that corporation shall submit the following Form OL-3 based upon the taxable income (or loss) of the corporation subject to the occupational tax, not the consolidated taxable income. A copy of the consolidated Form 1120 or its equivalent. A computation sheet allocating all revenue and expense items on the consolidated Federal return to each corporation included in that consolidated return. 				

	both within reported or wages earn	ACCOUNTING METHOD is not permitted in the filing of this return. Therefore, if any entity has operations and outside Louisville Metro, KY, the total profit or loss per the Federal return of the entity should be a this return. The total profit or loss is to be multiplied by the apportionment percentage of receipts and ed in Louisville Metro, KY, as computed in the apportionment calculations (Lines 21-24), rather than only the net profit or loss from those operations in Louisville Metro, KY.			
		READ THE INSTRUCTIONS BELOW TO			
		COMPLETE THE FORM OL-3			
Demographics	 Enter full legal name under applicable section. (i.e. Individual/sole proprietor or Corporation/Partnership) If you are filing as an Individual/sole proprietor you must provide your Social Securitynumber. If you are filing as a Corporation/Partnership you must provide your Federal IDnumber. If address has changed, check the box and provide new address. If address has not changed, enter current address on account. 				
	+	rns must include Account ID and Tax Year Ending (MM/DD/YYYY)			
Return Status		vere not actively engaged in business during the tax year but do intend to resume operations at a future heck the box designated "NO ACTIVITY"			
	box "FI	business activity ceased, but you have not provided written notification that operations ceased. Check the NAL RETURN " and enter the date your activity ceased.			
		re filing an amended return, you must check the box labeled "AMENDED RETURN"			
General Information	Kentucl postma paymer	If you made payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee, you are required to file for 1099-SF. Form 1099-SF must be delivered or postmarked by February 28th following the close of the calendar year in which non-employee compensation payments were made. (See Instructions for Form 1099-SF)			
	!	e the principal business activity performed during the tax year provided.			
	If Federal Authorities made changes to net income for any prior year, indicate year(s) changed and attach a statement of the proposed changes.				
	statement of the proposed changes. • Provide Name, Address and SSN for the Corporation's Principal Administrative Officer				
	If a consolidated federal return was filed see page 3 of instructions.				
	If there	was a change in ownership, include "New Owner" information.			
	1	TE CALCULATIONS ON PAGE 2 OF FORM OL-3 PRIOR TO COMPLETING PAGE 1			
Individuals/Sole Proprietor	Line 1(a)	Enter the gross salaries, wages, tips, and other forms of compensation reported on Form W-2. This amount is the greatest of box 1, 5 or 18 on Form W-2. (NOTE : Applies only to individuals who did not have the full amount of occupational tax withheld from their wages) Amounts deferred due to Section 401K, 403B, or 457 of the Internal Revenue Code must be included. (Attach a copy of Form W-2) Lines 1(a) -1(e) should be completed by employees receiving salaries, wages, tips, etc., from which the full amount of occupational taxes were not withheld. (Complete Line 1(a)-Line 1(e), and Lines 28-35 under the column marked "INDIVIDUAL" as applicable.)			
	Line 1(b)	Enter the related employee business expenses reported on Federal Form 2106. (Attach Form 2106)			
	Line 1(c)	Subtract Line 1(b) from Line 1(a)			
	Line 1(d)	Divide total days worked in Louisville by total days worked everywhere to compute the apportionment for time spent in Louisville Metro. Percentage calculations should be carried out five (5) decimal places. EXAMPLE: "22.12345%"			
	Line 1(e)	Multiply Line 1(c) by Line 1(d) NOTE : If you had a loss from a business operation, you may not offset your loss against wages reported on Line 1(e).			
	Line 2	Enter the amount of non-employee compensation reported on Federal Form 1099 or the amount of other income per Form 1040. (NOTE: Line 2 should be completed only by individuals who received payments for contract services who are not claiming business expenses. Attach a copy of Form 1040 and Form 1099 Line 2 should be completed by individuals receiving payments for contract services (non-employee compensation) who are not claiming business expenses. (Complete Lines 2, 13, 20, 21, 24, and Lines 25-35 under the column marked "INDIVIDUAL" as applicable.)			
	Line 3	Enter the net profit or loss as shown on Federal Schedule C. (Attach a copy of page 1 and 2 of Schedule C, or Schedule C-EZ) Line 3 should be completed by individuals receiving income from the operation of a trade, business or profession. (Complete Lines 3-7, 10, 13, 15, 20, and 21-35 under the column marked "INDIVIDUAL" as applicable.)			

	Line 4	Enter 100% of the short-term capital gains and long-term capital gains carried over from Federal Form 4797 or Federal Form 6252 (installment sales) to Federal Schedule D representing gain from the sale of property used in your trade or business. (Attach a copy of Form 4797, pages 1 and 2, or Form 6252.)				
	Line 5	Enter the total rental income or loss per Federal Schedule E. (Attach a copy of Federal Schedule E of Form 1040.) NOTE: Rental income or loss should be reported on Line 5 only if the rental property constitutes an activity. Activity is defined in Items under the heading, "Who Must File an Occupational License Tax Return (Form OL-3)". Line 5 should be completed by individuals receiving income from the operation of a trade, business or profession. (Complete Lines 3-7, 10, 13, 15, 20, and 21-35 under the column marked				
	Line 6	"INDIVIDUAL" as applicable.) Enter the net farm profit or loss per Federal Schedule F. (Attach a copy of Federal Schedule F). NOTE: Farm profit or losses should be reported only if the farm is located in Louisville Metro, Kentucky. Farm losses for farms located in Louisville Metro, Kentucky are subject to the hobby loss rules (U.S. Department of Treasury Regulations 1.183.1(c) and 1.183.2(b)). Line 6 should be completed by Individuals receiving income from the operation of a trade, business or profession. (Complete Lines 3-7, 10, 13, 15, 20, and 21-35 under the column marked "INDIVIDUAL" as applicable.)				
	Line 7	Enter the net gain or loss from the sale of property used in your trade or business per Federal Form 4797. (Attach a copy of Form 4797, pages 1 and 2)				
	Line 10					
	Line 13	Enter the total of Lines 2 through 10, as applicable.				
NOTE: A deduction may ► be taken only if the business engaged in the selling of alcoholic	Line 15	Follow the instructions below for computing the alcoholic beverage deduction and attach a copy of the computation sheet to the tax form. • Kentucky alcoholic beverage sales divided by total sales equals the alcoholic beverage percentage. • Multiply the alcoholic beverage percentage by the net profit of the business engaged in the sale of alcoholic beverages as reported on Line 3.				
beverages had a profit.	Line 16	Adjustments can be made on Form OL-3 if any sum is elected by the licensee as a credit against its federal income tax liability in lieu of a deduction for business expenses otherwise available to the licensee. Included in this list are the following If wage and salary expense is being reduced as a result of the work opportunity credit.				
	1: 40	If the depreciable basis of an asset was reduced by the amount of investment credit claimed, ACRS depreciation may be taken on that basis reduced over the life of the asset.				
	Line 19	Enter the total of Lines 15 and 16, as applicable.				
	Line 20	Subtract Line 19 from Line 13. This represents your "Adjusted Net Profit" which is also entered on Line 25. ave completed Line 20, continue down to "All Entities" instructions on pg. 6				
Danta analaina	Line 8	Enter the Ordinary Income or Loss per Federal Form 1065. (Attach a copy of Federal Form 1065, Pages 1, 2,				
Partnerships Form 1065-		3 and 4, Schedule of Other Deductions, and Rental Schedule(s) if applicable, or its equivalent.)				
Partnerships (Complete	Line 10	Enter any deduction taken for State Income Tax or Occupational Tax on Form 1065.				
Lines 8, 10 through 35 under the column marked "PARTNERSHIP" as applicable.)	Line 11	Enter the total of the income items listed below which are allocated to the partners or shareholders and are not included as income on Federal Form 1065. (Attach a copy of Schedule K, or its equivalent, and Rental Schedules, if applicable.)				
фриссия		 Net income from rental realestate activities Net income from other rental activities Portfolio income Interest income Dividend income Royalty income Net short-term capital gain Net long-term capital gain Other portfolio income Guaranteed payments to partners Net gain under Section 1231 (other than due to casualty or theft) 				
	Line 13	Enter the total of Lines 8 through 11, as applicable.				
	Line 14	Enter the total of the items listed below that are allocated to the partners or shareholders which are not included as losses or expenses on Federal Form 1065, as they are allowed as deductions for occupational tax purposes. (Attach a copy of Schedule K or its equivalent and Rental Schedules, if applicable.) Net loss from rental real-estate activities Net loss under Section 1231 (other than due to casualty or theft) activities Portfolio loss Expense deductions for recovery property (Section 179)				
		Net short-term capital loss Deductions related to portfolio income				

		tributions to KEOGH Plans, Simplified Employee Pension Plans, and Medical Insurance Premiums on behalf of				
NOTE: A deduction may ► be taken only if the business engaged in the selling of alcoholic	Line 15	r shareholders are not deductible on Form OL-3. Follow the instructions below for computing the alcoholic beverage deduction and attach a copy of the computation sheet to the tax form. • Kentucky alcoholic beverage sales divided by total sales equals the alcoholic beverage percentage. • Multiply the alcoholic beverage percentage by Line 13, minus the sum of Lines 14, 16, 17, and 18.				
beverages had a profit.	Line 16	 Adjustments can be made on Form OL-3 if any sum is elected by the licensee as a credit against its federal income tax liability in lieu of a deduction for business expenses otherwise available to the licensee. Included in this list are the following If wage and salary expense is being reduced as a result of the work opportunity credit. If the depreciable basis of an asset was reduced by the amount of investment credit claimed, ACRS depreciation may be taken on that basis reduced over the life of the asset. 				
	Line 17	Corporate taxpayers may deduct, if substantiation is provided by including a completed copy of Schedule C of the Federal Form 1120, the following amounts (net of the deductions properly allocated thereto) • Foreign dividend income • Foreign rental income • Ordinary income or loss from other partnerships or S- Corporations which is included in income on Line 8 or Line 9 of Form OL-3 (Please note the occupational number of the account under which the income is being reported.)				
	Line 18	Enter the amount of professional expenses claimed by the partners on their individual Form 1040 which are related to, but not reimbursed by, the partnership. (Include a schedule listing partners name(s), the type of deduction, and the amount of each deduction.)				
	Line 19	Enter the total of Lines 14 through 18, as applicable.				
	Line 20	Subtract Line 19 from Line 13. This entry represents your "Adjusted Net Profit" which is also entered on Line 25.				
	1	nave completed Line 20, continue down to "All Entity" instructions on pg. 6				
Corporations/S- Corporations Form 1120, 1120A, 1120S->	Line 9	Enter the Taxable Income or Loss after special deductions and net operating loss per Federal Form 1120, 1120A, or the Ordinary Income or Loss per Federal Form 1120S. (Attach a copy of Federal Form 1120 or 1120A, Pages 1 and 2, or 1120S, Pages 1, 2 and 3, Schedule of Other Deductions, and Rental Schedule(s) if applicable, or its equivalent.)				
Corporations (Complete Lines 9 through 35 under	Line 10	Enter any deduction taken for State Income Tax or Occupational Tax on Form 1120.				
the column marked "CORPORATION" as applicable.)	Line 11	Enter the total of the income items listed below which are allocated to the partners or shareholders and are not included as income on Federal Form 1120S. (Attach a copy of Schedule K, or its equivalent, and Rental Schedules, if applicable.)				
		 Net income from rental realestate activities Net income from other rental activities Portfolio income Interest income Dividend income Royalty income Net short-term capital gain Other portfolio income Guaranteed payments to partners Net gain under Section 1231 (other than due to casualty of theft) 				
	Line 12	Enter the amount of any net operating loss, if taken as a deduction on Federal Form 1120. (This amount is to be added to taxable income.)				
	Line 13	Enter the total of Lines 9 through 12, as applicable.				
	Line 14	Enter the total of the income items listed below which are allocated to the partners or shareholders and are not included as income on Federal Form 1120S. (Attach a copy of Schedule K, or its equivalent, and Rental Schedules, if applicable.) Net loss from rental realestate activities Net loss from other rental activities Net loss from other rental activities Net loss from other rental activities Rental Schedule K, or its equivalent, and copy of Schedule K, or its equivalent, and Rental Schedules, if applicable.)				
		 Portfolio loss Net short-term capital loss Charitable Contributions Expense deductions for recovery property (Section 179) Deductions related to portfolio income 				
		tributions to KEOGH Plans, Simplified Employee Pension Plans, and Medical Insurance Premiums on behalf shareholders are <u>not</u> deductible on Form OL-3.				

NOTE: A deduction may ► be taken only if the business engaged in the selling of alcoholic beverages had a profit	Line 15	Follow the instructions below for computing the alcoholic beverage deduction and attach a copy of the computation sheet to the tax form. • Kentucky alcoholic beverage sales divided by total sales equals the alcoholic beverage percentage. • Multiply the alcoholic beverage percentage by Line 13, minus the sum of Lines 14, 16, and 17.						
	Line 16	Adjustments can be made on Form OL-3 if any sum is elected by the licensee as a credit against its federal income tax liability in lieu of a deduction for business expenses otherwise available to the licensee. Included in this list are the following If wage and salary expense is being reduced as a result of the work opportunity credit. If the depreciable basis of an asset was reduced by the amount of investment credit claimed, ACRS depreciation may be taken on that basis reduced over the life of the asset.						
	Line 17	Corporate taxpayers may deduct, if substantiation is provided by including a completed copy of Schedule C of the Federal Form 1120, the following amounts (net of the deductions properly allocated thereto) Foreign dividend income Foreign rental income Ordinary income or loss from other partnerships or S- Corporations which is included in income on Line 8 or Line 9 of Form OL-3 (Please note the occupational number of the account under which the income isbeing reported.)						
	Line 19	Enter the total of Lines 14 through 17, as applicable.						
	Line 20	Subtract Lines 19 through 13. This entry represents your "Adjusted Net Profit" which is also entered on Line 25.						
All Entities	Line 21(a)	"Gross Receipts - Louisville Metro, KY" - Enter total gross receipts from sales made or services performed in Louisville Metro, Kentucky.						
All licensees who conducted a business activity in	Line 21(b)	"Gross Receipts - Total Operations Everywhere" - Enter total gross receipts (less returns and allowances) from sales made or services performed everywhere for your total operation per the Federal return.						
Louisville Metro, Kentucky, must complete Lines 21-24, regardless of profit or loss,	Line 21(c)	"Louisville Metro Gross Receipts Percentage" - Divide the entry in Column A of Line 21, by the entry in Column B of Line 21. Enter the resulting percentage on Line 21, Column C. The percentage should be carried out five (5) decimal places.						
if total gross receipts and payroll were not confined solely to Louisville Metro, Kentucky. All percentages	Line 22(a)	"Gross Wages - Louisville Metro, KY" - Enter total gross wages paid to employees for work performed within Louisville Metro, Kentucky. This does include compensation of officers, but not contract or subcontract labor.						
should be carried out five (5) decimal places.	Line 22(b)	"Gross Wages - Total Operations Everywhere" - Enter total gross wages paid to employees everywhere per the Federal return. This does include compensation of officers, but not contract or sub-contract labor.						
(EXAMPLE: "22.12345%") Gross figures must be used	Line 22(c)	"Louisville Metro Gross Wage Percentage" – Divide Line 22, Column A by Line 22, Column B and enter the result. The percentage should be carried out five (5) decimal places.						
when completing Lines 21 and 22.	Line 23	"Total Apportionment Percentage for Louisville Metro, Kentucky" - Add Line 21, Column C to Line 22, Column C and enter the result. The percentage should be carried out five (5) decimal places.						
	Line 24	"Apportionment Percentage" - If both Lines 21(b) and 22(b) are greater than zero, divide the entry on Line 23(c) by 2, and enter the result on Line 24(c), and Line 26, Column A of the front page. If the business had either receipts greater than zero [Line 21(b)], or wages greater than zero, [Line 22(b)], but not both, then the entry in Line 23(c) should be transferred to Line 24(c) and Line 26, Column A of the front page. The percentage should be carried out five (5) decimal places.						
	Line 25	Enter the Adjusted Net Profit figure from Line 20 on page 2 of form.						
	Line 26	Insert the percentage from Line 24. Enter 1.00000 in Column A if taxpayer's total business operations are in Louisville Metro, Kentucky. The percentage should be carried out five (5) decimal places.						
	Line 27	Multiply the entry on Line 25 by the percentage on Line 26, Column A. Enter the result in Columns A and B.						
	Line 28	Enter the amount of wages from Line 1(e) earned while working in Louisville Metro, Kentucky, in Columns A and B. Louisville Metro includes the area within the boundaries of Jefferson County, Kentucky. If you had other sources of income from which occupational taxes were not withheld, you are required to complete Lines 2 through 20. NOTE : Non-residents of Louisville Metro, KY, should not complete Line 28, Column B.)						
	Line 29	Add the entries on Lines 27 and 28, and enter the greater of the total of Line 27 plus Line 28, or Line 28. NOTE: Line 29 cannot be less than Line 28. If you had a loss from a business operation, you may not offset your loss against wages reported on Line 1(e).						
	Line 30	Tax Calculations : Multiply Line 29, Column A, by the Louisville Metro and Mass Transit tax rate of .0145 and Line 29, Column B, by the School Boards tax rate of .0075 and enter the results in the appropriate						

				(See "Special Provisions o ent of Louisville Metro, K		eral Instructions if you	are a minister or a	
		ne 31	Total Occupational Tax Due - Add entries on Line 30, Columns A and B, and enter the result.					
	Lir	ne 32(a)	Enter Tot a	al Prepayments of estima	ted tax for the tax year.			
		ne 32(b) (c)	If Total Prepayments (Line 32a) is greater than Total Occupational Tax Due (Line 31) enter the amount in Line 32(b) to have the overpayment refunded, enter the amount in 32(c) to have the overpayment credited to next year. If prior unpaid balances exist, the overpayment will offset any debt before being refunded or credited to next year.					
Records supporting the	Lir	ne 33		f Occupational Tax Due - Subtract Total Prepayments (Line 32a) from Total Tax Due (Line 31)				
amounts reported as taxable to Louisville Metro, Kentucky, should	Lir	ne 34		nd interest charges result n Line 34. (See "Penalty a			ational tax should be	
be retained five (5) years and must be presented upon request.	Lir	ne 35	Amount to Be Paid - Add Lines 33 and 34 and enter the result. Payment of the total tax liability inclupenalty and interest charges, should accompany the return as filed. Payment can be made electroni www.metrorevenue.org , or attach check along with the return.					
apon request.	Sig	gnature		return is being filed by a			orporate officer.	
			• If the	return is being filed by a	partnership, it must be si	gned by a general partr	ner.	
		ľ	• If the	return is being filed by a	sole proprietor, it must b	e signed by that individ	lual.	
	Pr	eparer	If return is filed by a third party, (CPA/Payroll Company) "Preparer Use Only" section on the bottom of					
				return must be filled out in full.				
Exhibit "A"				sole proprietorships, who				
Accelerated				chool Boards exceeds \$5,0		I be required to submit	advance estimated	
Payment of	pa	iyments of	their occu	oational tax liability each o	quarter.			
Occupational Tax	Та	xpayers w	hose curre	nt year occupational tax li	ability is more than \$5,00	00 will be required to su	bmit estimated	
on Business Net	pa	payments equal to the lesser of:						
Profit	•	22/21/21/21/21/21/21/21/21/21/21/21/21/2						
FIOIIC	•	• 100% of the prior whole year (12 months) occupational tax liability submitted in four (4) equal payments (25% per payment).						
	•	• 100% of the average occupational tax liability for the past three (3) whole (12 months) tax years submitted in fo (4) equal payments (25% per payment), if the tax liability for any of the three (3) preceding full taxable years exceeded \$20,000.						
		Fiscal Year		1 st Deposit Due	2 nd Deposit Due	3 rd Deposit due	4 th Deposit Due	
		DEC 31		APR 15	JUN 15	SEP 15	DEC 15	
Schedule For		JAN 3		MAY 15	JUL 15	OCT 15	JAN 15	
Quarterly Net Profit		FEB 2		JUN 15	AUG 15	NOV 15	FEB 15	
Occupational Tax	MAR 31 APR 30			JUL 15	SEP 15	DEC 15	MAR 15	
Payments				AUG 15 SEP 15	OCT 15 NOV 15	JAN 15 FEB 15	APR 15 MAY 15	
	MAY 31 JUN 30			OCT 15	DEC 15	MAR 15	JUN 15	
	JUL 31			NOV 15	JAN 15	APR 15	JUL 15	
	AUG 31			DEC 15	FEB 15	MAY 15	AUG 15	
	SEP 30			JAN 15	MAR 15	JUN 15	SEP 15	
		OCT :	31	FEB 15	APR 15	JUL 15	OCT 15	
		NOV		MAR 15	MAY 15	AUG 15	NOV 15	