



Louisville Metro Revenue Commission

# Occupational License Tax Return

Tax Year 2023

Form

## OL-3A

CHECK IF CHANGE IN ADDRESS IS BELOW

Last Name		First Name		MI	Social Security Number
Address (number and street)				Unit/Apt #	Account ID
City, town, or post office		State		Zip code	Tax Year Ending
Email		Phone #		Ext.	

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you make payments in the sum of \$600.00 or more to any individual for services rendered in Louisville Metro, Kentucky, other than an employee? IF YES, YOU ARE REQUIRED TO FILE FORM 1099-SF.	RETURN STATUS	<input type="checkbox"/> Initial Return
				<input type="checkbox"/> No Activity
				<input type="checkbox"/> Amended Return
				<input type="checkbox"/> Final Return
				Business Cease Date

<b>Income (or Loss)</b>	1. Amount of Net Profit per Schedule C (Attach a copy of Schedule C)	1.	.00
	2. Add: Occupational taxes deducted on Federal Schedule C	2.	.00
	2. Add Lines 1 & 2. This is your <b>Adjusted Net Profit</b>	3.	.00

<b>Tax Computation</b>	Do you live in Louisville Metro, Kentucky?		<input type="checkbox"/> YES. Complete Section A only	<input type="checkbox"/> NO. Complete Section B only
	<b>SECTION A. Residents of Louisville Metro, Kentucky</b>			
	4a. Adjusted Net Profit per Line 3 above	<b>A</b>	4.	.00
	5a. Multiply Line 4, Section A, by (.0220). This is your <b>Tax Due</b>		5.	.00
	6a. Penalty and Interest (see Instructions)		6.	.00
	7a. Line 5 + Line 6, this is your <b>Amount Due</b>		7.	.00
	<b>SECTION B. Non-Residents of Louisville Metro, Kentucky</b>			
	4b. Adjusted Net Profit per Line 3 above	<b>B</b>	4.	.00
	5b. Multiply Line 4, Section B, by (.0145). This is your <b>Tax Due</b>		5.	.00
	6b. Penalty and Interest (see Instructions)		6.	.00
	7b. Line 5 + Line 6, this is your <b>Amount Due</b>		7.	.00

<b>Signature</b>	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	Daytime Phone Number

<b>Preparer Use Only</b>	Print/Type Preparer's name		Preparer's Signature	Date	PTIN
	Firm's Name:		Firm's EIN:		
	Firm's Address		Firm's Phone #:		

**IMPORTANT**  
**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://www.metrorevenue.org>

Mail Form OL-3A, along with a copy of Federal Schedule C and a check or money order with your Account ID. The return and payment of taxes due must be received or postmarked by April 15<sup>th</sup> to avoid penalties and interest.

**MAILING ADDRESS: P.O. BOX 35410, LOUISVILLE KENTUCKY 40232-5410**

**Telephone: (502) 574-4860**

*Please do not send general correspondence with this form/payment to this address.*