



Louisville Metro Revenue Commission

Occupational License Tax Return

2020

Form **OL-3 A** CHECK IF CHANGE IN ADDRESS IS BELOW

| | | | | | | | |
|------------------------------|-----------------------------|---|-----------|---------------|------------------------|--|--|
| Last name | | First name | | MI | Social Security Number | | |
| Address (number and street) | | | | Unit/Apt. no. | | Account ID | |
| City, town or post office | | | State | Zip code | | Tax Year Ending | |
| Email | | | Phone no. | Ext. | RETURN STATUS | <input type="checkbox"/> No Activity | |
| | | | | | | <input type="checkbox"/> Amended Return | |
| | | | | | RETURN STATUS | <input type="checkbox"/> Final Return | |
| | | | | | | <input type="checkbox"/> Business Cease Date | |
| <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. | | | | | |

| | | | | | |
|-------------------------|----|---|----|----|-----|
| Income or (Loss) | 1. | Amount of Net Profit per Federal Schedule C (Attach a copy of Schedule C) | 1. | \$ | .00 |
| | 2. | Add: Occupational taxes deducted on Federal Schedule C | 2. | \$ | .00 |
| | 3. | Add lines 1 and 2. This is your Adjusted Net Profit | 3. | \$ | .00 |

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

| | | | | |
|--------------------------|----------------------------|----------------------|------|--------------|
| Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | PTIN |
| | Firm's name ▶ | | | Firm's EIN ▶ |
| | Firm's address ▶ | | | Phone no. ▶ |

IMPORTANT

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>.

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 15th to avoid penalties and interest.