



Louisville Metro Revenue Commission

# Occupational License Tax Return

2021

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.	<b>RETURN STATUS</b>	<input type="checkbox"/> No Activity
						<input type="checkbox"/> Amended Return
<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.			<b>RETURN STATUS</b>	<input type="checkbox"/> Final Return
						<input type="checkbox"/> Business Cease Date

<b>Income or (Loss)</b>	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 <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 ▶			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.