



Louisville Metro Revenue Commission

Quarterly Net Profit Deposit Form

Tax Year 2024

Form

OL-3 D

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

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

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)	Unit/Apt #	Account ID
City, town, or post office	State	Zip code
Email	Phone #	Ext.
		Deposit Amount
		\$

CHECK APPLICABLE QUARTER DEPOSIT IS FOR			
<input type="checkbox"/> Q1	<input type="checkbox"/> Q2	<input type="checkbox"/> Q3	<input type="checkbox"/> Q4

Estimated Tax Liability Worksheet Do not complete this worksheet if the current net profit liability will be \$5,000 or less	1. Expected adjusted net profit in the current tax year	1.	.00
	2. Expected Receipt factor – Louisville Metro Receipts divided by Total Receipts Everywhere	2.	%
	3. Expected Wage factor – Louisville Metro Wages divided by Total Wages Everywhere	3.	%
	4. Expected Apportionment factor – (Line 2 + Line 3) divided by 2 (Only divide if both factors are present)	4.	%
	5. Multiply Line 1 by Line 4	5.	.00
	6. Multiply Line 5 by .0220 = (Your estimated current tax liability)	6.	.00
	7. Multiply line 6 by 90%	7.	.00
	8. Enter 100% of prior whole year net profit liability	8.	.00
	9. If your net profit liability for any of the three (3) preceding full taxable years exceeded \$20,000, enter 100% of average net profit liability for the past three (3) whole tax years	9.	.00
	10. Enter the lesser of Line 7, 8, or 9	10.	.00
	11. Divide Line 10 by 4 (This is the amount due each deposit)	11.	.00

Disclaimer Please be advised that the above Worksheet for calculating Estimated Tax Liability is a guideline to assist in the calculation of quarterly deposits. If any of the above calculations are underestimated, license fees will be underpaid and late payment interest of 1% per month with be accessed against any license fee balance unpaid by the due date.

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:	Firm's Phone #:		

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>

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.