



Louisville Metro Revenue Commission

Louisville Metro Revenue Commission Extension Request

2020

Form **OL-3EXT**

<input type="checkbox"/> INDIVIDUAL/ SOLE PROPRIETOR			
Last name	First name	MI	Social Security Number

<input type="checkbox"/> CORPORATION/ PARTNERSHIP			
Legal name/ Business name			Federal ID Number

<input type="checkbox"/> CHECK IF CHANGE IN ADDRESS IS BELOW			
Address (number and street)		Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code	Tax Year Ending
Email	Phone no.	Ext.	Estimated Payment .00
			▲ A 90% estimated payment of the final tax liability is required to avoid penalty. (See instructions) ▲

Corporations and Partnership If this extension request is for a tax period of less than twelve (12) months, please indicate the reason in this section.	Tax year end changed to:		(enter month)
	Final return - Business ceased		
	Corporate Merger - Short year return due to merger on		
	Corporate Acquisition - Short year return due to the acquisition on		
	After this short year return, our tax year end will be		(enter month)
	Legal name/ Business name		Federal ID Number
	Address (number and street)		Unit/Apt. no.
	City, town or post office	State	Zip code
	Email	Phone no.	Ext.
	Other: (Please explain)		

Sign Here	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. ▶

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>