



Louisville Metro Revenue Commission

**Monthly Withholding Deposit Form**

Tax Year 2024

Form

**W-1D**

▼ INDIVIDUAL/SOLE PROPRIETOR ▼				
Last Name		First Name	MI	
			Social Security Number	
▼ 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 #	Account ID	
City, town, or post office	State	Zip code	Quarter Ending	
Email	Phone #	Ext.	Deposit Amount	
			\$	
<b>Requirement for payment of tax</b> All monthly withholding tax deposits are due fifteen (15) days after the month end.	Every employer who is responsible for withholding occupational license fees of greater than \$3,000.00 during any <u>one</u> of the four (4) preceding quarters must submit monthly deposits of the occupational license taxes withheld to the Louisville Metro Revenue Commission.			
	<b>CHECK APPLICABLE MONTH DEPOSIT IS FOR:</b>			
	<input type="checkbox"/> January Due Date: February 15 <sup>th</sup>	<input type="checkbox"/> April Due Date: May 15 <sup>th</sup>	<input type="checkbox"/> July Due Date: August 15 <sup>th</sup>	<input type="checkbox"/> October Due Date: November 15 <sup>th</sup>
	<input type="checkbox"/> February Due Date: March 15 <sup>th</sup>	<input type="checkbox"/> May Due Date: June 15 <sup>th</sup>	<input type="checkbox"/> August Due Date: September 15 <sup>th</sup>	<input type="checkbox"/> November Due Date: December 15 <sup>th</sup>
	<input type="checkbox"/> March Due Date: April 15 <sup>th</sup>	<input type="checkbox"/> June Due Date: July 15 <sup>th</sup>	<input type="checkbox"/> September Due Date: October 15 <sup>th</sup>	<input type="checkbox"/> December Due Date: January 15 <sup>th</sup>
<b>General Information</b>	All employers will be required to file a quarterly withholding tax return (Form W-1) by the last day of the month following the close of the calendar quarter. Pursuant to KRS 67.790, there is a minimum \$25.00 penalty for failure to file any return or report and/or make payment by the due date.			
	License Fee Return For		Filed by (Postmarked or Hand-Delivered)	
	1 <sup>st</sup> Quarter		April 30 <sup>th</sup>	
	2 <sup>nd</sup> Quarter		July 31 <sup>st</sup>	
	3 <sup>rd</sup> Quarter		October 31 <sup>st</sup>	
4 <sup>th</sup> Quarter		January 31 <sup>st</sup>		
<b>Signature</b>	I hereby certify, under penalty of perjury, that the information provided and the attached supporting scheduled are true, correct, and complete to the bests 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	
	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 32300, LOUISVILLE, KENTUCKY 40232-2300  
Telephone: (502) 574-4860