



Louisville Metro Revenue Commission

Monthly Withholding Deposit Form

2020

Form **W1 D**

INDIVIDUAL/ SOLE PROPRIETOR			
Last name	First name	MI	Social Security Number
CORPORATION/ PARTNERSHIP			
Legal name/ Business name			Federal ID Number
Address (number and street)		Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code	Quarter Ending
Email	Phone no.	Ext.	Deposit Amount
\$			

Requirement for payment of tax

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 one of the four (4) preceding quarters must submit monthly deposits of the occupational license taxes withheld to the Louisville Metro Revenue Commission.

CHECK APPLICABLE MONTH DEPOSIT IS FOR

<input type="checkbox"/> January Due Date: February 15 th	<input type="checkbox"/> April Due Date: May 15 th	<input type="checkbox"/> July Due Date: August 15 th	<input type="checkbox"/> October Due Date: November 15 th
<input type="checkbox"/> February Due Date: March 15 th	<input type="checkbox"/> May Due Date: June 15 th	<input type="checkbox"/> August Due Date: September 15 th	<input type="checkbox"/> November Due Date: December 15 th
<input type="checkbox"/> March Due Date: April 15 th	<input type="checkbox"/> June Due Date: July 15 th	<input type="checkbox"/> September Due Date: October 15 th	<input type="checkbox"/> December Due Date: January 15 th

General Information

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 st Quarter	April 30 th
2 nd Quarter	July 31 st
3 rd Quarter	October 31 st
4 th Quarter	January 31 st

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. ▶		

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>