



Louisville Metro Revenue Commission

Annual Wage Reconciliation

Tax Year 2023

Form

W-3

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	Year
Email	Phone #	Ext.	<input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> Employee Cease Date
<input type="checkbox"/> W-2s filed electronically with the Louisville Metro Revenue Commission			
Quarterly Reporting	Quarter Ending		Amount that should have been paid
	1. March 31 st		
	2. June 30 th		
	3. September 30 th		
4. December 31 st			
Additional Tax Due Calculations	5. Total Quarterly Taxes that should have been paid (Sum of Lines 1-4):		
	6. Total Taxes withheld per Schedule of Employees' Wages attached:		
	7. Difference between Line 5 and Line 6:		
Signature	I hereby certify that the information is true and correct 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
	Firm's Name:		Firm's EIN:
	Firm's Address:		Firm's Phone #:

IMPORTANT INFORMATION

No refunds or credits will result from entries made on this form. An amended Form W-1 must be submitted to request a refund or apply credit. No payment should be submitted with Form W-3; an amended Form W-1 must be submitted.

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, KY 40232-2300

Telephone: (502) 574-4860

Please do not send general correspondence with this form/payment to this address.