



Quarterly Net Profit Deposit Form

2021

Form

OL-3 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	Tax Year Ending
Email	Phone no.	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 Lines 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 will be assessed 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
	Firm's name ▶	Firm's EIN ▶	
	Firm's address ▶	Phone no. ▶	

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