



Louisville Metro Revenue Commission

Employers Quarterly Return of Occupational Fees Withheld

Tax Year 2023

Form

W-1

INDIVIDUAL/SOLE PROPRIETOR

Last Name	First Name	MI	Social Security Number
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CORPORATION/PARTNERSHIP

Legal Name/Business Name	Federal ID Number
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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.

If you had no employees this quarter, do not complete Lines 1 through 14.

RETURN STATUS

<input type="checkbox"/> No Employees
<input type="checkbox"/> Amended Return
<input type="checkbox"/> Final Return
Employee Cease Date

WAGE INFORMATION

QUARTERLY WAGES

RATE

TAX COMPUTATION

WAGE INFORMATION	QUARTERLY WAGES	RATE	TAX COMPUTATION
	Column 1		(Column 1 x RATE)
Withholding Calculation Enter amounts earned for work performed in Louisville Metro, KY only on Lines 1 – 5. If Line 6 is greater than \$3,000.00, you must begin making monthly deposits beginning next quarter (See Instructions)	1. Total wages earned by employees for work that was performed within Louisville Metro, KY: (Exclude amounts earned by ordained ministers)	.0145	1a.
	2. Wages earned by non-resident employees for work that was performed within Louisville Metro, KY: (Exclude amounts earned by ordained ministers)		
	3. Total wages earned by resident employees for work performed within Louisville Metro, KY: (Line 1 minus Line 2)		
	4. Amount of wages earned by resident ministers:		
	5. Total wages subject to the school board tax: (Line 3 + Line 4)	.0075	5a.
	6. Total Tax Due (Line 1a + Line 5a):		

Payments & Credits Lines 10a – 10c must reflect amounts that should have been paid for each month; the sum must be equal to the Total Tax Due (Line 6.)	7. Penalty and interest (See Instructions):			
	8. Tip income tax shortage:			
	9. Total amount due (Line 6 + Line 7 – Line 8)			
	10. Monthly deposits due (For depositors only)	10a.	10b.	10c.
	11. Total deposits paid for this quarter:			
	12. Additional payment due (If Line 9 > Line 11):			

Overpayment	13. Overpayment to be credited to next quarter:	
	14. Overpayment to be refunded:	

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	PTIN
	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

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