



Louisville Metro Revenue Commission

EMPLOYERS QUARTERLY RETURN OF OCCUPATIONAL FEES WITHHELD

2021

Form **W-1**

INDIVIDUAL/ SOLE PROPRIETOR

Last name	First name	MI	Social Security Number
-----------	------------	----	------------------------

CORPORATION/ PARTNERSHIP

Legal name/ Business name	Federal ID Number
---------------------------	-------------------

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)	Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code
Quarter Ending		
Email	Phone no.	Ext.

RETURN STATUS

- No Employees
- Amended Return
- Final Return
- Employee Cease Date

If you had no employees this quarter, do not complete Lines 1 through 13

WAGE INFORMATION

QUARTERLY WAGES

RATE

TAX COMPUTATION

Column 1

(Column 1 X RATE)

Withholding Calculation due Enter amounts earned for work performed in Louisville Metro only on Line 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. (Lines 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 9a-9c 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 & Interest (See instructions)				
	8.	Total Amount Due (Line 6 + Line 7)				
	9.	Monthly Deposits Due (For Depositors Only)	9a.	9b.	9c.	
	10.	Total Deposits paid for this Quarter				
Overpayment	11.	Additional payment Due (If Line 8 > Line 10)				
	12.	OVERPAYMENT TO BE CREDITED TO NEXT QUARTER				
	13.	OVERPAYMENT TO BE REFUNDED				

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>