



LOUISVILLE METRO REVENUE COMMISSION

FORM OL-3E

EXTENSION REQUEST AND/OR ESTIMATED PAYMENT

Check if change in address is below

Name

Address

City State Zip

Phone Ext

ACCOUNT NO TAX YEAR ENDING

Each individual taxpayer or business entity registered with this agency for the purpose of reporting local occupational taxes must apply separately to this agency for an extension of time within which to file their local tax return.

Individual Social Security Number

Federal ID Number, if applicable

An estimated payment of \$ is enclosed.

INTEREST - Full payment of tax due must be paid by the original due date of the return to avoid interest charges of 12% annually.

PENALTIES - Unless estimated payments equal to at least 90% of the final tax liability are made by the regular due date of the return, a late payment penalty of 1% per month (to a maximum of 5% cumulative) of the unpaid amount as finally determined, will be assessed.

NOTICE - CORPORATIONS AND PARTNERSHIPS: If this extension request is for a tax period of less than twelve (12) months, please indicate the reason below.

- Tax year end changed to:
Final return -- Business ceased
Corporate Merger -- Short year return due to merger on
Corporate Acquisition -- Short year return due to the acquisition on
Other: (Please explain.)

Signature of Preparer

Print Name

Phone Number

WORKSHEET FOR CALCULATING ESTIMATED TAX

1. Adjusted net profit expected in the current tax year (1) _____
2. Receipt factor -- Louisville Metro Receipts divided by Total Receipts Everywhere (2) _____
3. Wage factor -- Louisville Metro Wages divided by Total Wages Everywhere (3) _____
4. Apportionment factor – (Line 2 + Line 3) divided by 2 (4) _____
5. Multiply Line 1 by Line 4 (5) _____
6. Multiply Line 5 by (.0220) = (Your estimated current tax liability) (6) _____
7. Multiply Line 6 by 90% (7) _____
8. 100% of prior whole year net profit liability (8) _____
9. 100% of average net profit liability for the past three (3) whole tax years (9) _____
10. Enter the greater of Line 8 or Line 9 (10) _____
11. If your net profit liability for each of the preceding three (3) years was \$20,000.00 or **less**, enter the lesser of Line 7 or Line 8. (11) _____
12. If your net profit liability for any one of the preceding three (3) years was **over** \$20,000.00, enter the lesser of Line 7 or Line 10. (12) _____

ATTENTION - Taxpayers who may have a total tax obligation above \$5,000.00 in any tax year are required to submit quarterly estimated payments. This obligation includes taxes for Louisville Metro, Kentucky, TARC, and the School Boards. See Form OL-3D on our website for details on how to calculate quarterly estimated payments.

SCHEDULE FOR QUARTERLY NET PROFIT LICENSE FEE PAYMENTS

<u>FISCAL YEARS</u> <u>ENDING</u>	<u>1ST DEPOSIT DUE</u>	<u>2ND DEPOSIT DUE</u>	<u>3RD DEPOSIT DUE</u>	<u>4TH DEPOSIT DUE</u>
Dec. 31	Apr. 15	June 15	Sept. 15	Dec. 15
Jan. 31	May 15	July 15	Oct. 15	Jan. 15
Feb. 28	June 15	Aug. 15	Nov. 15	Feb. 15
Mar. 31	July 15	Sept. 15	Dec. 15	Mar. 15
Apr. 30	Aug. 15	Oct. 15	Jan. 15	Apr. 15
May 31	Sept. 15	Nov. 15	Feb. 15	May 15
June 30	Oct. 15	Dec. 15	Mar. 15	June 15
July 31	Nov. 15	Jan. 15	Apr. 15	July 15
Aug. 31	Dec. 15	Feb. 15	May 15	Aug. 15
Sept. 30	Jan. 15	Mar. 15	June 15	Sept. 15
Oct. 31	Feb. 15	Apr. 15	July 15	Oct. 15
Nov. 30	Mar. 15	May 15	Aug. 15	Nov. 15

**** NOTE: The above dates do not always coincide with the federal deposit dates. ****