



LOUISVILLE METRO REVENUE COMMISSION

FORM
I-2

ANNUAL FEDERAL EMPLOYEE OCCUPATIONAL LICENSE TAX RETURN

☐ **CHECK IF CHANGE IN ADDRESS IS BELOW**

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ext _____

ACCOUNT NO TAX YEAR ENDING SSN

IF YOU RECEIVED SERVICE PAY FROM MILITARY DUTY AND YOU ARE NOT A KENTUCKY RESIDENT, YOU ARE ONLY REQUIRED TO COMPLETE THE CLAIM FOR EXEMPTION PORTION AND SIGN THE CERTIFICATION STATEMENT ON THE BACK OF THIS FORM.

1 ENTER GROSS SALARY, WAGES, AND OTHER COMPENSATION FROM FEDERAL FORM W-2

1)
\$

2 LESS SALARY, WAGES, AND OTHER COMPENSATION EARNED OUTSIDE OF LOUISVILLE METRO, KY
[Line E from Computation Sheet]

2)
\$

3 SALARY, WAGES, AND OTHER COMPENSATION SUBJECT TO OCCUPATIONAL TAX
(Line 1 minus Line 2)

3)
\$

OCCUPATIONAL TAX CALCULATIONS

Amount of Line 3 subject to each tax. (See Instructions)

LOUISVILLE METRO LINE 3 X .0125		MASS TRANSIT LINE 3 X .0020	SCHOOL BOARD (Louisville Metro Residents Only) LINE 3 X .0075
4 A	<input type="text"/>	B <input type="text"/>	C <input type="text"/>

5 TOTAL TAX DUE **A. (Residents of Louisville Metro, KY)** (Line 4A + Line 4B + Line 4C)

5a)
\$

B. (Non-residents of Louisville Metro, KY) (Line 4A + Line 4B)

5b)
\$

6 AMOUNT WITHHELD BY EMPLOYER OR PREPAID

6)
\$

7 BALANCE DUE

7)
\$

8 PENALTY & INTEREST (See Instructions)

8)
\$

9 TOTAL AMOUNT DUE

9)
\$

10 OVERPAYMENT TO BE REFUNDED

10)
\$

A COPY OF FORM W-2 MUST BE SUBMITTED WITH THIS FORM BY APRIL 15TH OF EACH YEAR.

MAILING ADDRESS: P.O. BOX 35410 • LOUISVILLE, KENTUCKY 40232-5410

Telephone: (502) 574-4860 • www.metrorevenue.org • Fax: (502) 574-4818 • taxhelp@metrorevenue.org • TDD: (502) 574-4811

COMPUTATION SHEET FOR INCOME EARNED OUTSIDE OF LOUISVILLE METRO, KY

Applies only if at least 5% of time worked was spent outside Louisville Metro, Kentucky

Please use the formula provided below in order to compute any deduction for wages earned outside of Louisville Metro, Kentucky. Amount computed on Line E will be listed on Line 2 on front of this Form.

A	_____	Number of days <u>worked</u> outside Louisville Metro, Kentucky
B	_____	Total number of days worked (excluding holidays, vacation and sick days)
C	_____	Percentage of days worked outside Louisville Metro, Kentucky (Divide A by B)
D	_____	Total gross earnings (including deferred compensation and non-cash fringe benefits)
E	_____	Income earned outside Louisville Metro, Kentucky (Multiply D by C)

NOTE: If you had earnings outside of Louisville Metro, Kentucky, you must retain the documentation to support your claim for five (5) years as it is subject to review upon request.

NON-RESIDENT CERTIFICATION STATEMENT

I hereby certify that I have been a resident of _____
(Street Address, City, County, State)

since _____ and that this location is my permanent home and residence.

NON-RESIDENT MILITARY PERSONNEL CLAIMING EXEMPTION OF SERVICE PAY

I hereby certify that I am a non-resident, military personnel claiming exemption of my service pay from state and local taxation under the Soldiers and Sailors Civil Relief Act. I have been a resident of

_____ since _____ and that this location is my permanent
(Street Address, City, County, State)

home and residence.

CERTIFICATION STATEMENT

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct.

Signature

Date _____

Print Name _____

BE SURE TO SIGN AND DATE YOUR RETURN