



# LOUISVILLE METRO REVENUE COMMISSION

FORM  
W-1 D

## MONTHLY WITHHOLDING DEPOSIT FORM

☐ CHECK IF CHANGE IN ADDRESS IS BELOW

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SSN/FEIN \_\_\_\_\_ Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

ACCOUNT NO

QUARTER ENDING

DEPOSIT AMOUNT \$

### CHECK APPLICABLE MONTH DEPOSIT IS FOR

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> <b>January</b><br>Due Date: February 15th | <input type="checkbox"/> <b>April</b><br>Due Date: May 15th | <input type="checkbox"/> <b>July</b><br>Due Date: August 15th       | <input type="checkbox"/> <b>October</b><br>Due Date: November 15th  |
| <input type="checkbox"/> <b>February</b><br>Due Date: March 15th   | <input type="checkbox"/> <b>May</b><br>Due Date: June 15th  | <input type="checkbox"/> <b>August</b><br>Due Date: September 15th  | <input type="checkbox"/> <b>November</b><br>Due Date: December 15th |
| <input type="checkbox"/> <b>March</b><br>Due Date: April 15th      | <input type="checkbox"/> <b>June</b><br>Due Date: July 15th | <input type="checkbox"/> <b>September</b><br>Due Date: October 15th | <input type="checkbox"/> <b>December</b><br>Due Date: January 15th  |

PREPARER'S NAME

PREPARER'S PHONE NUMBER

### INSTRUCTIONS

- If any of the above account information changed recently, please mark where indicated.
- Enter the quarter for which the deposit is made.
- Enter the amount of tax which was required to be withheld during the month covered by this deposit.
- Check the applicable month for which the deposit is being made.
- Enter the name and phone number of the preparer.

**REQUIREMENT FOR PAYMENT OF TAX:** Every employer who is responsible for withholding occupational license fees of more than \$3,000.00 during any one of the four (4) preceding quarters must submit monthly deposits of the occupational license taxes withheld to the Louisville Metro Revenue Commission. **All monthly withholding tax deposits are due fifteen (15) days after the month end.\***

All employers will be required to file a quarterly withholding tax return (FORM W-1) by the last day of the month following the close of the calendar quarter. **Pursuant to KRS 67.790, there is a minimum \$25.00 penalty for failure to file and/or pay any return or report by the due date.**

License Fee Return For	Filed by (* Postmarked or Hand Delivered)
1 <sup>st</sup> quarter	April 30
2 <sup>nd</sup> quarter	July 31
3 <sup>rd</sup> quarter	October 31
4 <sup>th</sup> quarter	January 31

MAILING ADDRESS: P.O. BOX 37740 • LOUISVILLE, KENTUCKY 40233-7740

Telephone: (502) 574-4860 • [www.metrorevenue.org](http://www.metrorevenue.org) • Fax: (502) 574-4818 • [taxhelp@metrorevenue.org](mailto:taxhelp@metrorevenue.org) • TDD: (502) 574-4811