LOGAN COUNTY ANNUAL RECONCILIATION FORM

LOGAN COUNTY OCCUPATIONAL TAX

RETURN THIS FORM ALONG WITH COPIES OF W2'S AND 1099'S

NO LATER THAN FEBRUARY 28, 2025 (only the 1099's that are applicable to Logan County)

sc.marshall@logancountyky.gov

EMPLOYER'S NAME AND ADDRESS

Account Number

Total # of Employees

LOGAN COUNTY
OCCUPATIONAL TAX
P.O. BOX 236
RUSSELLVILLE KY 42276
Phone: 270-726-4667
Fax: 270-726-4668

FOR YEAR ENDING: 2024

(1) Total compensation (gross salaries, wages and any other form of remuneration) paid for the year	$
(2) Less compensation paid for work outside of Logan County	$
(3) Taxable earnings subject to license tax (Subtract line 2 from line 1)	$
(4) Occupational license tax due (Line 3 x 0.75%)	$

	COLUMN A Monthly Payments	COLUMN B Quarterly Payments	COLUMN C Total For Year
January	$		
February	$		
March	$	$	1st Q
April	$		
May	$		
June	$	$	2nd Q
July	$		
August	$		
September	$	$	3rd Q
October	$		
November	$		
December	$	$	4th Q

(5) Actual Occupational tax remitted during year.....TO $

(6) Enter the DIFFERENCE between line 4 and 5 ..... $

( ) Difference indicates an underpayment for the year (Payment Enclosed)

( ) Difference indicates overpayment. Credit to next quarter ( ) Refund ( )

( ) Minor difference attributable to fractional variations only (no adjustment due)

(7) Total Local Withholding Per W-2 $

Signature_____ **Phone**_____ **Date**_____