



LOGAN COUNTY OCCUPATIONAL TAX EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form



1. Salaries, wages, commissions & other compensation paid all employees for services in Logan County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (5% per month;\$25.00 min)-	\$ _____
5. Interest (1% per month) -	\$ _____
6. BALANCE DUE	\$ _____

Account No. _____
\$ _____

7. Overpayment to be credited to next quarter
I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____
Official Title _____ Date _____

Indicate any name or address change above.

FOR PERIOD ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID No. _____

Make checks payable and mail to:
LOGAN COUNTY OCCUPATIONAL TAX
P.O. BOX 236
RUSSELLVILLE KY 42276
Phone: (270) 726-4667
Fax: (270) 726-4668
Email: sc.marshall@l

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 9/27/02



LOGAN COUNTY OCCUPATIONAL TAX EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form



1. Salaries, wages, commissions & other compensation paid all employees for services in Logan County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (5% per month;\$25.00 min)-	\$ _____
5. Interest (1% per month) -	\$ _____
6. BALANCE DUE	\$ _____

Account No. _____
\$ _____

7. Overpayment to be credited to next quarter
I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____
Official Title _____ Date _____

Indicate any name or address change above.

FOR PERIOD ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID No. _____

Make checks payable and mail to:
LOGAN COUNTY OCCUPATIONAL TAX
P.O. BOX 236
RUSSELLVILLE KY 42276
Phone: (270) 726-4667
Fax: (270) 726-4668
Email: sc.marshall@l

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 9/27/02



LOGAN COUNTY OCCUPATIONAL TAX EMPLOYER'S RETURN OF LICENSE FEE WITHHELD

If no wages were paid this period, mark "NONE" and return this form



1. Salaries, wages, commissions & other compensation paid all employees for services in Logan County	\$ _____
2. Tax Due at -	\$ _____
3. Adjustment for preceding quarters (past due balances / underpayments)	\$ _____
4. Penalty (5% per month;\$25.00 min)-	\$ _____
5. Interest (1% per month) -	\$ _____
6. BALANCE DUE	\$ _____

Account No. _____
\$ _____

7. Overpayment to be credited to next quarter
I hereby certify that the information, schedules, statements and exhibits filed herewith are true and correct.

Signed _____
Official Title _____ Date _____

Indicate any name or address change above.

FOR PERIOD ENDING		
Month	Day	Year
RETURN DUE ON OR BEFORE		
Month	Day	Year

FED ID No. _____

Make checks payable and mail to:
LOGAN COUNTY OCCUPATIONAL TAX
P.O. BOX 236
RUSSELLVILLE KY 42276
Phone: (270) 726-4667
Fax: (270) 726-4668
Email: sc.marshall@l

*PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Form OCC-3PT Rev. 9/27/02