

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, 2026 (only the 1099's that are applicable to Logan County)

sc.marshall@logancountyky.gov

EMPLOYER'S NAME AND ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Account Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	LOGAN COUNTY OCCUPATIONAL TAX P.O. BOX 236 RUSSELLVILLE KY 42276 Phone: 270-726-4667 Fax: 270-726-4668 FOR YEAR ENDING: <h3 style="text-align: center; color: blue;">2025</h3>
Total # of Employees <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

(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	\$
<input type="checkbox"/> Difference indicates an underpayment for the year (Payment Enclosed) <input type="checkbox"/> Difference indicates overpayment. Credit to next quarter () Refund () <input type="checkbox"/> Minor difference attributable to fractional variations only (no adjustment due)	
(7) Total Local Withholding Per W-2	\$

Signature _____ Phone _____ Date _____