

1. Total Number of Employees _____ Taxable Employees _____
2. Total Salaries, Wages, Commissions, and Other Compensation Paid \$ _____
3. Less Compensation Paid for Services Outside of Logan County. _____
4. Taxable Earnings (Line 2 Minus Line 3) _____
5. Actual Tax Due in Period At .75% (Line 4 x .0075) _____
6. Adjustments for Prior Periods _____
7. Penalty (5% per Month or Portion of a Month with a Minimum of \$25.00) _____
8. Interest (1% per Month or Portion of a Month) _____
9. Total Due (Including Adjustments, Penalty and Interest) \$ _____

-IF NO WAGES WERE PAID THIS PERIOD, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

Monthly/Quarterly Occupational Tax Return Form

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE AND CORRECT.

SIGNED _____

OFFICIAL TITLE _____ DATE _____

ORIGINAL - RETURN TO LOGAN COUNTY TREASURER

Make Checks To: Logan County Treasurer
Occupational/Net Profits Tax Fund

ACCOUNT NO.	FOR PERIOD ENDING	DUE ON / OR BEFORE

Mail To: Logan County
Occupational Tax Director
P.O. BOX 236
RUSSELLVILLE, KY 42276-0236

NAME
OF
EMPLOYER

RETURN OF PAYROLL TAX WITHHELD
INDIVIDUAL, SELF EMPLOYED OR EMPLOYER'S WITHHOLDING LICENSE FEE RETURN

NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS PERIOD.

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