

## FORM II

Application for a Certificate of Enrolment/Revision of Certificate of Enrolment under sub-section (2) or sub-section (2A) of section 5 of the Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975

[See Rule 4(1)]

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

To,

The Profession Tax Officer,

I hereby apply for a Certificate of Enrolment/Revision of Certificate of Enrolment under the Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975 as per particulars given below:

Name of the Applicant

\*Profession/Trade/Calling/Employment

Address - Building

Street/Road

Municipal Ward

Town/City

Pin Code

Taluka

District

date of commencement of the

Profession/Trade/Calling/Employment

Date /Year from which liable to pay tax

* Period of standing in the profession	
* Annual turnover of all sales/purchases	
* Average number of workers during the year 19      to 19      in the factory	
* Average number of employees during the year 19 to 19      employed in the establishment	
* Number of taxis, three-wheeler goods vehicles, trucks and buses for which permits under the Motor Vehicles Act, 1939, are hold	
* Value of security required to be lodge under the Maharashtra Chit Funds Act, 1974.	
* If Co-operative Society, the Profession, Trade or Calling in which it is engaged and whether it is a State level or District level society.	
* If an employee of any diplomatic or consular office or Trade Commissioner of any foreign country, the name and address of the employer and the monthly salary or wage earned in respect of employment.	
* If simultaneously engaged in employment of more than one employer, the names and addresses of all such employers and the monthly salary received from each of them.	
* Please describe here fully the profession, trade, calling or employment in which you are engaged	
* Please fill whichever is applicable	

(PLEASE FILL NAMES AND ADDRESS OF OTHER PLACES OF WORK, IF ANY  
IN THE STATE OF MAHARASHTRA ON THE REVERSE OF THIS FORM)

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Total number of other places of work

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If registered under the Bombay Sales Tax Act, 1959/Central Sales Tax Act, 1956 the number of Registration Certificates held.

B.S.T.R.C. No.

C.S.T.R.C. No.

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NAMES AND ADDRESS OF OTHER PLACES OF WORK, IF ANY, IN MAHARASHTRA STATE

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(PLEASE FILL IN THIS PART IN CASE THE APPLICATION IS FOR REVISION OF A CERTIFICATE OF ENROLLMENT)

Number of Certificates of Enrolment

Grounds on which revision is sought

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The above statements are true to the best of my knowledge and belief

Date

Signature

Status

Note. – If the applicant is covered by more than one entry in Schedule I to the Act, he should specify himself as falling under that entry where the rate of tax is highest.

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(FOR OFFICE USE ONLY)

Enrolment Certificate  
No.

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Amount of tax payable Rs.

Date by which to be paid

Signature and date of the Officer issuing the Certificate

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ACKNOWLEDGEMENT  
(Particulars of Name and Address to be filled by the applicant)

Received an application for enrolment in Form II from

Name of applicant

Full postal address

Receiving Officer's Signature

Date