

PROFESSION TAX – REGISTRATION

FORM – A
(STATEMENT OF APPLICANT)

(To be duly filled in and signed and attached to the application for Registration Certificate)

1. Name of the Applicant

2. Number of Employees on the date of application to whom salary or wages paid per month are ---
 - (i) Up to Rs. 2,000
 - (ii) Rs. 2,000 and aboveTotal

3. Month from which liability to pay tax commences

4. Tax payable from the month of liability to the end of the month proceeding the date of application. Rs.

5. Estimated tax liability per annum Rs.

6. Other Information -
 - (a) Registration Certificate No.
 - (i) Under the B.S.T. Act, 1959
 - (ii) Under the C.S.T. Act, 1956
 - (b) Enrolment Certificate under Profession Tax Act, 1975.
 - (c) Telephone No.
 - (d) Permanent full address of the native place of the Proprietor/Partners or Signatory to the Applicant.

(e) Name of the Bank/Branch where applicant is holding account	Address	A/C No.
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The above statements are true to the best of my knowledge and belief.

Date :

Signature