

LUXURY TAX FORM

FORM-I

[See rule 3 (1) (a)]

Basic information of accommodation and charges: -

1. Name of Hotel
2. Address of the Hotel
3. Name of the proprietor
4. Name of the Managing Director/Manager
5. Registration certificate Number
6. Accommodation capacity and charge

Room	No. of Beds	Charge
Type single/Double/Suite/others	Number	
(1)	(2)	(3)
Total		

Place

Date

Signature

Name & Designation.....

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

Place

Date

Signature

Signature

Name & Designation

LUXURY TAX FORM

FORM -II

[See rule 3 (1) (b)]

Daily account of occupancy of rooms and Collection of tax

(Note: Separate entry should be made in respect of each person)

S.No.	Name of guest	Permanent Address	Age	Nationality	Class
(1)	(2)	(3)	(4)	(5)	(6)

Rate of charges for accommodation for residence per day ¹⁹ [...]	Arrival Date Time	Departure Date Time	Period of stay of each guest
(7)	(8)	(9)	(10)

Total amount of charges for accommodation for residence	Charge paid by guest.	No. of Guest who occupied the room or accommodation in hotel	No. & date of bill/cash memo
(11)	(12)	(13)	(14)

Amount of tax collected	remarks
(15)	(16)

Place

Date

Signature

Name & Designation.....

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

Place

Date

Signature

Signature

Name & Designation

LUXURY TAX FORM

FORM-III

[See rule 3 (1) (c)]

Monthly abstract of collection & payment of tax

Name of hotel

Month	Total number of guests	Total charges recovered for accommodation for residence	Total tax collected	Total paid			Remarks
				Amount	Challan No. & date	Balance	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place

Signature

Name

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

Place

Signature

Signature

Date

Name & Designation

LUXURY TAX FORM

FORM-IV [See rule 4] RETURN

Initial of receiving clerk
 Return of tax payable for the period from To
 Name of Hotelier Address

Registration certificate number

- 1. Total receipt during the period (exclusive of tax)
- 2. Less:
 - (a) Receipts where the charges for the luxury provided in the hotel are less than rupees sixty per day
 - (b) Receipts other than (a) above on which tax is not payable
 - (c) Receipts exempt from tax under Section 9
 - Total
- 3. Net taxable receipts
- 4. Rate wise brakeup of taxable receipts

Taxable @ 5%	Taxable @ 10%	Taxable at concessional rate(here specify the rate if any)
(1)	(2)	(3)

- 5. Tax payable. At the rate of –
 - (a) *[15%]
 - (b) *[10%]
 - (c) Concessional rate if any
- 6. Total Tax payable.
- 7. Less: Amount, if any credited by refund adjustment order
- 8. Net tax payable
- 9. Tax Paid with challan number & date

Place Signature

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

Date Signature

ACKNOWLEDGEMENT

Received return in Form IV for the period from to From Holding registration certificate No. with Challan No. dated..... For Rs.

Signature of the receiving clerk.....
 Name of the receiving clerk

LUXURY TAX FORM

FORM-V

[See rule 4]

Orders of assessment / penalty

- District RC No. Case No.....
1. Year in which assessment is made
 2. Period of assessment
 3. Name of Hotelier
 4. Location of Place of Business
 5. Account Book Produced
 6. Section & sub-section under which assessment is made/penalty imposed
 7. Total receipts (exclusive of tax) as return as determined
 8. Less:
 - (a) Receipts where the charges for luxury provided in hotel are less than rupees sixty per day ²¹[.....]
 - (b) Receipts [other than (a) above] on which tax is not payable
 - (c) Receipts exempt from tax under section 9

Total:
 9. Net taxable receipt

10. Rate wise brake up of taxable receipts

As returned		As determined	
(1)		(2)	
Taxable at		Taxable at	
*[5% 10%]	concessional rate (hear specify the rate, if any)	*[5% 10%]	concessional rate (hear specify the rate, if any)

11. Tax payable, at the rate of:
 - (a) *[5%]
 - (b) *[10%]
 - (c) Concessional rate (if any)
12. Total Tax payable
13. Less amount if any, credited by refund adjustment order
14. Net Tax payable
15. Tax paid with challan No. & date
 - (i) challan No. date
 - (ii) challan No. date
 - (iii) challan No. date
 - (iv) challan No. date
16. Amount of penalty imposed,
 - (a) Under Section
 - (b) Under Section
 - (c) Under Section
17. Total balance due

Assessment & penalty order enclosed.

Seal
Date

Signature
Designation.....

LUXURY TAX FORM

FORM –VI

[See rule 7]

Notice of demand for payment of tax/penalty

To,

..... (Name)

..... (Address)

..... (R.C.No.)

Take notice that, -

(i) You have been assessed/reassessed under the Chhattisgarh Hotel Tatha Vas Grihon Me Vilas Vastuon Par Kar Adhinyam, 1988 to a tax of Rs(in figures) Rs.(in words) only, for the period from towhich is payable by you.

(ii) A penalty of Rs.....under section/rule has been determined/imposed by you.

(iii) After adjusting the amount of tax of Rs..... paid by you alongwith the returns a balance of tax and/or penalty is outstanding against you.

You are hereby directed to deposit the balance of Rs..... in the Government treasury.

Within 30 days from the date of receipt of this notice & send a copy of challan in token of such payment within days of the deposit.

Seal

Place

Date.....

Signature

Designation.....

LUXURY TAX FORM

FORM -VII

[See rule 8(1)]

Application for grant of registration certificate

To
The Sales Tax Officer.

.....Circle

1. *Proprietor/Manager/Partner/Director of the business known as.....whose place of business in Chhattisgarh is situated at(town) hereby apply on behalf of the said business for grant of registration certificate under the Chhattisgarh Hotel Tatha Vas Grihon Me Vilas Vastuon Par Kar Adhiniyam, 1988.

2. The name and address and other particulars of the proprietor/the names and addresses of the partners of the business/ of all persons having interest in the business are as follows-

(To be filled in if the applicant is not a company incorporated under the Indian Companies Act. 1956. or under any other law)

Name	Address	Age	Father's Name	Home address	Extend of interest in the business	Signature	Signature & address of the witness attesting signature in col. *(7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

3. For the purpose of accounts *my/our year runs fromto.....

4. *I/We have commenced our business with effect from

5. *I/We have additional places of business within the State of Chhattisgarh as stated below:-

1..... 2.....

3..... 4.....

Date

Signature

Signature.....

Name & Designation

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

Date

Signature

Signature.....

Name & Designation

*Strike out whichever is not applicable.

ACKNOWLEDGEMENT

Received an application in Form VII from for grant of registration certificate under Section 8 of the Chhattisgarh Hotel Tatha Vas Grihon Me Vilas Vastuon Par Kar Adhiniyam. 1988.

Date

Signature.....

Name of the receiving officer.....

LUXURY TAX FORM

FORM VIII
[See rule 8(3)]
Registration certificate

Counterfoil

Certificate No.....
Name of the hotelier.....
Address of place of business in Chhattisgarh.....
Hotelier's year runs from.....
Language and script of account.....
Additional places of business at-
 1..... 2.....
 3..... 4.....
This certificate is valid from.....

LUXURY TAX FORM

FORM-VIII

[See rule 8(3)]

Registration Certificate

No

District.....

This is to certify thatwhose place of business in Chhattisgarh is situated attown has been registered as a hotelier under the Chhattisgarh Hotel Tatha Vas Grihon Me Vilas Par Kar Adhiniyam, 1988.

The hotelier has additional places of business at –

1.....

2.....

3.....

4.....

The hotelier's year runs from to and returns in form IV are to be furnished by him quarterly.

This certificate is valid from

Seal

Signed

Date

Sales Tax OfficerCircle