

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-1

[See rule 3(1)]

Application for registration (for employers)

To,
The Profession Tax Assessing Authority
.....

I, hereby apply for a certificate of registration under the Chhattisgarh Vritti Kar Adhiniyam, 1995 as per particulars given below:-

- 1. Name of the applicant,
- 2. Address of the principal place of work
(building/street/ road/municipal ward/ town/ city /tehsil/district)
- 3. Status of the person signing the form (Whether proprietor / partner
/principal/officer/ agent /manager / director/ secretary)
- 4. Name of the employer
- 5. Class of the employer (whether individual/firm/ company
/corporation/ society /club I association).
- 6. If registered under the Chhattisgarh Vanijyik Kar Adhiniyam, 1994/
Central Sales Tax Act. 1956, the number of registration certificate,-

(a) Under Vanijyik Kar Adhiniyam
- (b) Under Central Sales Tax

7. Names and addresses of other places of work in Chhattisgarh.
The above statements are true to the best of my knowledge and belief.

Place Signature
Date Status

*Strike out whichever is not applicable

ACKNOWLEDGEMENT

(Particulars of name and address to be filled in by the applicant)

Received an application for registration in form 1:-
Name of the applicant
Full postal address
Place
Date..... Signature of the receiving officer

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-2

[See rule 3(3)]

Certificate of Registration (for employers)

No.....

District.....

This is to certify that the proprietor/principal officer/agent/manager/head of the office of the establishment/ firm/ club/ association/ society/ corporation/ company known asand located at has been registered as an employer under the Chhattisgarh Vritti Kar Adhinyam, 1995.

The holder of the certificate has additional places of work at the following address:-

1.
2.
3.
4.

Seal

Place

Date

Signature

Designation

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-3

[See rule 3(2)]

Application for certificate of registration (for Person)

To,
The Profession Tax Assessing Authority,

I, hereby apply for a certificate of registration under the Chhattisgarh Vritti Kar Adhiniyam. 1995 as per particulars given below:-

- 1. Name of the applicant
- 2. Profession / Trade calling (here specify the serial number of the schedule under which liable to pay taxes.
- 3. Address of the place of work (building/street/road/ municipal/ ward/town/city IT ehsl/district).
- 4. *Date of commencement of profession/trade/calling.
- 5. *Period of standing in the profession
 *Number of beds (In the case of residential hotels.)
 *Whether a state level society, a district level society, a co-operative sugar factory or a co-operative sugar mill.
 *Average number of employees during a year employed in the establishment.
 *Average number of workers during a year.
 * Annual gross turnover.
 *Number of,
 (i) Three wheeler passenger / goods vehicles.
 (ii) Taxi/four wheeler light passenger goods vehicles
 (iii) Heavy passenger / goods vehicles
- 6. Income during the previous year (to be given by a person opting to pay tax under sub-section (3) of Section 3. Here State specifically whether option under sub-section (3) of Section 3 is being exercised or not.
- 7. If carrying on a profession trade or calling other than Agriculture in addition to an employment. The particular thereof or if simultaneously engaged in employment of more than one employer the names and address of all such employers and the monthly salary received from each of them.
- 8. Name and addresses of additional place of work if any in the State of Chhattisgarh. (1)
 (2)
 (3)
- 9. If registered under the Chhattisgarh Vanijyik Kar Adhiniyam 1994/ Central Sales tax act-1956 the number of the registration certificate.
 (a) Under Chhattisgarh Vanijyik Kar Adhiniyam
 (b) Under Central Sales Tax Act

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

Place
Date

Signature
Status

*Fill in whichever is Applicable.

ACKNOWLEDGEMENT

(Particulars of name and to be filled in by the applicant)

Received and application for registration in form 3 from:-

Name of the applicant

Full Postal address.....

Place
Date

.....
Signature of the receiving officer

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-4

[See rule 3(3)]

Certificate of registration (for person)

No..... District.....

This is to certify that engaged in *profession/trade/calling known as
..... */simultaneously in a profession, trade or calling other than agriculture in addition to employment
with the principal place of work located athas been registered under the Chhattisgarh Vritti Kar
Adhiniyam. 1995.

The holder of the certificate has additional places of work at the following addresses:

- 1
- 2
- 3
- 4

Seal

Place

Date

Signature

Designation

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-4A

[See rule 4-A]

Application to exercise option

To,
The Profession Tax Assessing Authority

.....
I (Name) of(Address) holding registration certificate No..... date
..... under the Chhattisgarh Vritti Kar Adhinyam, 1995 liable to pay tax according to 7[serial number 2] of the
Schedule appended to the said Adhinyam, hereby opt to-Pay on the annual income as specified in column (2) against serial number 1
of the said schedule in lieu of the tax payable by me, for the period.....

Place
Date

.....
Signature

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-5

[See rule 9]

Certificate to be furnished by person to his employer

I..... (Name of the person)..... (address) hereby certify that I am engaged in the profession, Trade or calling specified in entry..... of the Schedule to the Chhattisgarh Vritti Kar Adhiniyam, 1995 and the rate of tax payable by me under the said entry is more than the rate of tax payable under entry I in the said schedule In respect of my employment with..... (Name of the employer)..... (Address).

I also certify that, *I shall get myself registered and shall pay the tax myself under the said entry.

OR

*I have got myself registered under registration certificate No..... Dated..... and shall pay the tax/have paid the tax stated therein myself.

Place

Date

.....

Signature

*Strike out whichever is not applicable.

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-6

(See Rule 9]

Certificate to be furnished by a person who is simultaneously engaged in employment of more than one employer

I(Name of the person) engaged in employment with the following employers, namely:

Name of employer (1)	Address of the employer (2)
1.
2.
3.
4.

And that I shall get myself registered and pay the tax/i have got myself registered under the registration certificate No..... datedand shall pay the tax/*have paid Tax stated therein myself.

Place
Date

.....
Signature

*Strike out whichever is not applicable.

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-7

[See Rule 11]

Return (for employer)

Return of tax payable for the period from..... To.....

Name of the employer.....

Address.....

Registration certificate No.

Employee whose Annual Salaries/Wages are	Number of the employees	Rate of tax per month	Amount of tax deducted
(1)	(2)	(3)	(4)
⁸ Less than Rs. 40001
Rs 40001 to Rs. 50000
Rs. 50001 to Rs. 60000
Rs. 60001 to Rs. 80000
Rs. 8000 I to Rs. 100000
Rs. 100001 to Rs. 150000
Exceeding Rs. 150000

Amount of tax payable

Amount paid with challan No. and Date.

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

Place

Date

Signature

Status

ACKNOWLEDGEMENT

(Particulars of name and address to be filled in by the employer)

Received a return for the period from.....to.....with challan No.

.....dated.....for Rs.....from,

Name of the employer.....

Full postal address.....

Place

Date

Signature with full name & designation of the receiving official

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-8

[See rule 11 (4)]

Application for permission to furnish return for a year

To,
The Profession Tax Commissioner,

I (Name) of (address) a registered employer holding registration certificate No under the Chhattisgarh Vritti Kar Adhiniyam, 1995 hereby apply for permission to furnish with effect from returns for a period covering a year in accordance with rule of the Chhattisgarh Vritti Kar Adhiniyam, 1995.

I/We have in my/our employment employees (state no. of employees) each earning annual salary or wages of not less than Rupees forty thousand and their break up according to the slab of salary or wages specified in entry 1 of the Schedule to the said Adhiniyam is as follows:

	No. of employees
⁹ Less than Rs. 40001	-----
Rs. 40001 to Rs. 50000	-----
Rs. 50001 to Rs. 60000	-----
Rs. 60001 to Rs. 80000	-----
Rs. 80001 to Rs. 100000	-----
Rs. 100000 to Rs. 150000	-----
Exceeding Rs. 1, 50,000	-----

I/We declare that the above statements are true to the best of my knowledge and belief.

Place

Date

Signature

Status

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-9

[See rule 12 (i)]

Return (for persons)

Return of tax payable for the period from.....to.....

Name of the person

Address

Registration certificate No.

Particulars of Profession/trade/calling (here state category of the Schedule under which liable to pay tax).

If option has been exercised under sub-section (3) of Section 3, then Income from:

(a) Profits and gains

(b) Dividend & interest

(c) Any benefit or perquisite described in sub-clause (iii) of clause (e) of Section 2.

Total

Tax payable

Amount paid with challan No. and date.

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

Place

Date

Signature

Status

ACKNOWLEDGEMENT

(Particulars of name and address to be filled in by the person)

Received a return for the period fromtowith challan No.datedfor Rsfrom.-

Name of the person

Full postal address

Place

Date

Signature with full name and designation of the receiving official

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-10

[See rule 15(2)]

CHALLAN

(Original -to be sent to the Profession Tax Assessing Authority)

The Chhattisgarh Vritti Kar Adhiniyam, 1995.

(028-Other taxes on income and expenditure -B- Taxes on Profession, Trades, Calling and Employment)

By whom rendered	Name, address, registration No. & case No., if any, on whom behalf the money is paid	Payment on account of	Amount
(1)	(2)	(3)	(4)
		(a) Tax according to return for the period from..... to	Value Rs. (in words)RS.
		(b) Tax demanded after assessment for the period fromto.....	
		(c) Penalty	
		(d) Composition fees.	

Total Rs. (in figure) Rs. (in words).

Date

.....
Signature of the depositor

(For use in the Treasury or the Bank)

1. Received payment of Rs..... (in figures)(in words).

2. Date of entry

Treasurer

Accountant

.....
Treasury official/Agent of Manger.

(Duplicate-to be retained in the Treasury)

(Triplicate-to be given to the payer for being sent to the Sales Tax Officer)

(Quadruplicate-to be given to the payer for his own use)

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-11

[See rule 16]

Statement of verification of collections under the Chhattisgarh Vritti Kar Adhiniyam, 1995

To,
The Treasury Officer,

.....

Total amount comprising of tax, penalty & composition money deposited in the treasuries & sub-treasuries of
..... district.

Particulars	Total Amount	Signature with Seal of Profession Tax ascending authority & treasury officer
(1)	(2)	(3)
Amount shown as deposited according to Profession Tax Assessing Authority's Register	
Amount shown as deposited as per Treasury Account-		
1. by challans	
2. by book transfer	
(to be filled in by Treasury officer)	
3. Total	

REFUNDS

Particulars	As per Profession Tax assessing authority register	As per treasury register
(1)	(2)	(3)

Total receipts

Amount Refunded.....

Net collection

.....
Signature of Profession Tax assessing Authority.

.....
Signature of Treasury Officer.

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-12

(See rule 17)

Notice under Section 8(4), 8(5), 9(3), 10(4) or 13 of Chhattisgarh Vritti Kar Adhiniyarn, 1995

To,
Name
Address
Registration Certificate No.

Whereas. you being an employer/ person liable to registration under sub-section (1)/(2) of Section 8 of the Chhattisgarh Vritti Kar Adhiniyam, 1995 have wilfully failed to apply for the certificate within the time specified in sub-section (3) of the said section and have consequently rendered yourself liable to penalty under sub-section (4) of Section 8.

OR

You being an employer/person liable to registration have given false information in the application given under Section 8 and have consequently rendered yourself ¹⁰[.....] to pay penalty under sub-section (5) of Section 8.

OR

You being an employer required to file return under sub-section (1) of Section 9 have failed to file within the prescribed lime return for the period..... and have consequently rendered yourself liable to penalty under sub-section (3) of Section 9.

OR

you being a registered person required to file return under sub-section (1) of Section 10 within the time specified, have failed to file return for the periodwhich such time and have consequently rendered yourself liable to penalty under sub-section(4) of section 10.

OR

You being a registered employer/ person have failed to make payment of tax within the time specified in the notice of demand and have consequently rendered yourself liable to penalty under Section 13.

NOW, THEREFORE, you are hereby called upon to show cause personally or through a person authorised by you in writing in That behalf at(place)(time)on(date) that why the penalty should no1 be imposed upon you. Further you are required to present yourself or through the authorised person on the said date for being heard in this regard.

You are also required to produce any evidence on which you rely in support of your objection on the aforesaid date.

Seal

Place
Date

Signature
Designation

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-13

[See rule 18(1)]

Notice under clause (a) of sub-section (3) of Section 11 of the Chhattisgarh Vritti Kar Adhiniyam, 1995

To.

Name

Address

Registration Certificate No.

Whereas, I desire to satisfy myself that the return(s) filed by you in respect of the period from.....toare correct and complete, you are hereby directed to appear in person or through an authorised person, at(place)(time) on(date) to produce evidence in support of the return(s) and particular of, accounts in respect of *employers employed under you/ profession, trade or calling.

Seal

Place

Date

Signature

Designation

**Strike out whichever is not applicable.*

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-14

[See rule 18(2)]

Notice under sub-Section (4) of Section 11 or sub-section (1) of Section 16 of the Chhattisgarh Vritti Kar Adhinyam, 1995

To,

Name

Address

Registration Certificate No.

*You being an employer/person liable to obtain registration certificate under the Chhattisgarh Vritti Kar Adhinyam, 1995 or you being registered employer/ person liable to pay tax under the said Adhinyam, have failed to file return for the period fromtoand have thereby rendered yourself liable under sub-section (4) of Section II to be assessed to the best of judgment.

OR

*you being an employer/person liable to pay tax under the Chhattisgarh Vritti Kar Adhinyam, 1995 have not been assessed/ have been under-assessed for the period fromto..... & have thereby rendered yourself liable to assessment/re-assessment under Section 16.

NOW, THEREFORE, you are hereby called upon to Show cause on..... why you should not be assessed or re-assessed to tax to the best of judgment.

Further, you are hereby directed to attend in person or by a person authorised by you in writing in that behalf before me and to produce particulars and accounts relating to the *employees employed under you/profession, trade or calling in respect of the aforesaid period and any evidence on which you rely in Support of your objection, at(place)(time)(date) and further required to present yourself or through an authorised person on the said place, date and time to be heard in this regard.

Seal

Place

Date

**Strike out whichever is not applicable*

Signature

Designation

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-15

[See rule 19]

Order of assessment of an employer/person

Name of the employer/person
 Address of the employer/person
 Registration Certificate No.
 Period of assessment
 Assessment Case No.

Employee whose Annual Salaries/Wages are	As returned			As determined		
	No. of the employees	rate of tax	Amount of tax deducted	No. of the employees	rate of tax	Amount of tax deducted
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Less than Rs. 40001						
Rs 40001 to Rs. 50000						
Rs. 50001 to Rs. 60000						
Exceeding Rs. 60000						
	Amount of tax as returned			Amount of tax as determined		
2. Particulars of profession/ trade/ calling (category of the schedule under which liable to pay tax)						
		(i).....				
		(ii).....				
		(iii).....				
3. Penalty under section						
4. Total amount of tax/penalty						
5. Amount paid alongwith returns						
6. Balance payable/excess payment						

Seal

Place

Date

Signature

Designation

**Strike out whichever is not applicable*

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-16

[See rule 20]

Notice of demand for payment of tax/penalty

To,
Name,
Address,
Registration Certificate No.

*You have been assessed/re-assessed under the Chhattisgarh Vritti Kar Adhiniyam, 1995;

OR

*You having failed to pay the tax for the period fromtohave been determined under sub-section (1) of Section 16 of the said Act.

You are hereby directed to deposit the following amount in the treasury within thirty days from the date of receipt of this notice and send a copy of the receipt challan in token of such payment withindays of the date of deposit.

(1) Tax assessed	(Rs.)
(2) Penalty	(Rs.)
Total	(Rs.)

Less already paid, if any:-

Challan No.	Date	Amount
(1)
(2)
(3)
(4)

Net demand rupees.....(in figures)(in words)

Seal

Place

Date

Signature

Designation

**Strike out whichever is not applicable*

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-18

[See rule 22(1)]

Refund payment order

Book No.....
 Vr.....
 (Under Rs.....) Counterfoil
 Order for the refund of tax under
 Chhattisgarh Vritti Kar Adhiniyam.
 1995.

Refund payable to
 R.C. No..... Assessment Case
 No.Date of order directing
 refund..... Amount of
 refund..... No. in collection
 register showing regarding which
 refund is made.....

Signature.....
 Designation
 Date.....

Signature of the Recipient

Vr.No..... Date of encashment
 in the Government Treasury.....

Refunds
 (Under Rs.....)
 (for use in the treasury only) Order for
 the refund of tax (Payable at the
 Government treasury/ Sub- Treasury
 within three months of the date of issue).

To,
 The Treasury/Sub-Treasury Officer

1. Certified to the assessment bearing RC No. for the period from.....to a refund of Rs..... is due to
2. The amount of tax concerning which this refund is allowed has been duly credited into the government treasury.
3. Certified that no. refund order regarding the sum now in question has previously been granted & this order of refund has been entered in the original file of assessment under my signature.
4. Please pay to the sum of Rs..... (in figures).....(in words)

Signature
 Designation
 Date
 Treasury Officer
 Date of encashment in the Government
 Treasury/ Sub-
 Treasury.....Pay
 Rs.....only.
 Signature.....
 Treasury/Sub- Treasury Officer

 Claimant's Signature and Date.....
 Treasury/Sub- Treasury Officer

Refund
 (Under Rs.....)
 Order for the refund of tax (payable at
 the Government Treasury/Sub- Treasury
 within three months of the date of issue).

To,
 The Treasury/Sub-Treasury Officer

1. Certified to the assessment bearing RC No. for the period from.....to a refund of Rs..... is due to
2. The amount of tax concerning which this refund is allowed has been duly credited into the government treasury.
3. Certified that no. refund order regarding the sum now in question has previously been granted & this order of refund has been entered in the original file of assessment under my signature.
4. Please pay to the sum of Rs..... (in figures).....(in words)

Signature
 Designation
 Date
 Treasury Officer
 Date of encashment in the Government
 Treasury/ Sub-
 Treasury.....Pay
 Rs.....only.
 Signature.....
 Treasury/Sub- Treasury Officer

 Claimant's Signature and Date.....
 Treasury/Sub- Treasury Officer

To,
 The Profession Tax Assessing Authority,

This is to certify that the refund of Rs.....as per your refund payment order dated book No.....
 Vr. No..... has been made on..... (date).

Date

.....
 Treasury/ Sub-Treasury Officer

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-19

[See rule 22(3)]

Refund adjustment order

Book No.

Vr. No.....

To,
The Treasury/Sub-Treasury Officer,
.....

Certified that with reference to the assessment record of(Name) bearing registration certificate No..... for the period fromtoa refund of Rs.is due to(Name).

- 2. Certified that the tax/penalty concerning which this refund is allowed has been credited into the treasury.
- 3. Certified that no refund order regarding the sum in question has previously been granted and this order of refund has been entered in the original file of assessment under my signature.

4. This refund is adjustment towards the amount of tax due from the said employer/person for the period fromto..... please, therefore, debit to 028-Other taxes on income and expenditure B- Taxes on Professions, Trades, Callings and Employment the sum of Rs.and credit the amount to 028-other taxes on income and expenditure-B-Taxes on Professions, Trades, Callings & Employment.

Seal

Date

Copy forwarded to (give here the name of the employer / person) for information.

Date

Signature

Designation

Signature

Designation

(To be refunded to the Issuing authority)

To,
The Treasury/Sub-Treasury Officer,
.....

With reference to your memorandum No..... dated I have adjusted the refund of Rs..... payable to (Name)

Date

.....
Treasury/ Sub-Treasury Officer