## FORM-1

### [See rule 3(1)]

## Application for registration (for employers)

10,	
The Profession Tax Assessing Authorit	y
<ul><li>1995 as per particulars given below:-</li><li>1. Name of the applicant,</li></ul>	f work (building/street/
-	person signing the form (Whether/principal/officer/ agent /manager/director/
secretary)	
4. Name of the employer	
/corporation/ society /club I association 6. If registered under the	Chhattisgarh Vanijyik Kar Adhiniyam, 1994/ I Sales Tax Act. 1956, the number of registration Adhiniyam(b) Under
Place	Signature
Date	Status
ACK	NOWLEDGEMENT
(Particulars of name and	address to be filled in by the applicant)
Received an application for registration Name of the applicant	Full postal address
Date	Signature of the receiving officer

#### 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 ehsi1/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 the
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 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 address of the additional place of work if any in the State of Chhattisgarh.
(1)
(2) Form made fillable by Karvitt.com
(3)
9. If registered under the Chhattisgarh Vanijyik Kar Adhiniyarn 1994/ Central Sales tax act-1956 the number of the registration
certificate.
(a) Under Chhattisgarh Vanijyik Kar Adhiniyam
(b) Under Central Sales Tax Act
are true to the best of my knowledge and belief.
Place Signature
Date Status
*Fill in whichever is Applicable.

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

Received an application for registration in form 3 from-	
Name of the applicant	
Full Postal address	
Place	
Date	Signature of the receiving

#### FORM-5 [See rule 9]

## Certificate to be furnished by a person to his employer

I (Name of the person)	(address)
hereby certify that I am engaged in the profession, entry of the Schedule to the Chhattisgarh Vritti Kar	<u> </u>
tax payable by me under the said entry is more than the rat the said schedule in respect of my employment with employer)(Address).	
I also certify that *I shall get myself registered and shall paentry. OR	ay the tax myself under the said
*I have got myself registered under registration certificate N and shall pay the tax/have paid the tax stated therein myself.	
Place	
Date	Signature

<sup>\*</sup>Strike out whichever is not applicable.

#### FORM-9 [See rule 12 (i)] Return (for persons)

Return of tax payable for the period from to						
			Address			
Particulars of Profession/trade/calling (here state category of the The schedule under which liable to pay tax).  If the 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						
Place	Signature					
Date	Status					
ACKNOW	LEDGEMENT					
	ress to be filled in by the person)					
Received a return for the period from						
	. Full postal address					
Place						
Date Signature with f	full name and designation of the receiving official					