

**F O R M –II**

**[See rule 5 (1)/ 8 (2) ]**

**Application for Enrolment/Amendment - cum-enrolment certificate.**

(To be submitted in duplicate)

To

The Assessing Authority, .....  
I,.....son/daughter/wife of.....

(Name)

.....hereby apply for a certificate of enrolment/amendment  
of the certificate of enrolment bearing No..... which is enclosed herewith.

(Strike off the words not applicable)

1. Name of the Applicant Trade Name

(a) Address

(b) Address of other places of work, if any.

Police Station.....

Sub Division.....

District.....

Pin Code.....

Telephone.....

Amount of tax payable by the applicant under the Act per annum Rs.....

Income Tax PAN(if any)

The Registration Certificate Number under OST/CST Act(if any).....

Form made fillable by Karvitt.com R.C.No. under OST ACT.....R.C. No. under  
CST Act..... 7. I declare that the above statements are true to the best of my  
knowledge and belief.

8. Enrolment number allocated/Amendments incorporated.

9. Amount of Tax payable/ Due date of payment.

Signature & Seal of Assessing Authority

Date.

Place.

**A C K N O W L E D G E M E N T**

(To be filled in by the applicant)

Received an application form for enrolment/amendment from the applicant.....on  
(date).....

Signature of Receiving Officer

**FORM-III**  
**(See rule 12)**  
**(Certificate to be furnished by a person to his employer)**

I.....(Name).....  
.....(address)

hereby certify that I am engaged in the Profession/Trade/Calling of .....specified in entry.....of the Schedule to the Odisha State Tax on Professions, Trades, Callings, and Employments Act, 2000 and that the rate of tax payable by me under the same entry, namely.....for Rs..... per annum is more than the rate of tax payable by me under entry ..... in the said Schedule in respect of my employment with ..... (Name of the employer .....(Address)

I also certify that I shall get myself enrolled and shall pay the tax. \*

I have got myself enrolled under the certificate.

No.....dated.....and have paid the tax/ shall pay the tax.

Place.

Date.

Signature.

\*Strike out whichever is not applicable

**F O R M - I V**  
**[ See rule 12 ]**

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

I.....(Name)  
.....(Address)

hereby certify that I am engaged in employment with the following employers: Name of the employer Address of the employer 1. 2. 3. 4. And that I shall get myself enrolled and shall pay the tax \*

I have got myself enrolled and have paid the tax/shall pay the tax I hold the enrolment certificate No.....dated.....

Place.....

Date.....

Signature.....

\* Strike out whichever is not applicable.

**FORM - V**  
**[ See rules 13(2) and (4)]**  
**Tax Payment Return ( By the employer)**

**For the period** \_\_\_\_\_  
**(month/year)**

1. Name and address of the employer: .....
2. Registration No. ....
3. (i) Amount disbursed towards salaries or wages paid for the above period .....  
(ii) Amount of tax deducted from salary Rs.....  
(iii) Amount of tax paid Rs.....
4. (i) Amount of interest/ penalty paid Rs. ....  
(ii) Total amount of Tax/Interest/Penalty Rs. .... Tax/Interest/Penalty
5. Mode of payment of tax:.....  
  
(Mention Bank Draft/Banker's Cheque No./ Cheque No./ Challan / Transfer credit schedule)

Signature of Registered Employer/  
Drawing and Disbursing Officer

Date \_\_\_\_\_

**Acknowledgement**

(To be filled in by the Registered Employer )

Received the Tax Payment Return for the period / month / year \_\_\_\_\_ from  
\_\_\_\_\_ on (date) \_\_\_\_\_.

Signature of the Receiving Officer

**F O R M - XII**  
**( See rule 16 (1) )**

**Tax payment statement by non-employee assessee**

**For the Period**\_\_\_\_\_

**(Month/year)**

1. Name & address of the assessee .....
2. (i) Enrolment Number: .....
- (ii) Tax payable .....
3. Number of the registration certificate granted under Odisha Sales Tax Act, 1947 (if any):
4. Type of profession, Trade, Calling, Employment. ....
5. Income Tax PAN (if any): .....
6. Amount of tax paid for the period Rs. ....
7. Amount of interest/Penalty paid for the period Rs. ....
8. Total amount of tax/interest/penalty paid Rs. ....
9. Mode of payment of tax \_\_\_\_\_

(Mention challan / cheque / bank draft in detail)

Signature of the assessee.

**F O R M - XVII**  
**[ See rule 21(1) ]**

**Appeal/Revision application against an order of  
assessment/appeal/penalty/interest.**

**(To be submitted in duplicate)**

To

.....

I hereby appeal/apply for revision and furnish the following particulars.

(I) Registration Certificate Number .....

Enrolment Certificate Number .....

(II) Name of the employer/person and status .....

(III) Type of profession, Trade, Calling etc. ....

(IV) Location and address .....

(V) Period involved under impugned order against which appeal/revision is preferred from  
..... to .....

(VI) a) Name of the authority who passed the impugned order .....

b) Date of the passing of the impugned order .....

c) Date of service of notice of demand .....

d) Amount of (i) Tax ..... (ii)

Penalty .....

(iii) Interest .....

Total .....

e) Amount of admitted tax payable .....

f) Amount paid (i) Tax .....

(ii) Penalty .....

(iii) Interest .....

g) Amount in dispute .....

## **G R O U N D S**

1. Statements of facts

2. Relief prayed for

A true copy of the impugned order is attached. The above statement is true to the best of my knowledge and belief and the amount of tax, penalty or interest in respect of which this appeal/revision is filed by me/us has been paid in full.

Place:

Signature

Date

Status.