

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 Madhya Pradesh Vritti Kar Adhinyam, 1995 as per the 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/association).
6. If registered under the Madhya Pradesh Vanijyik Kar Adhinyam, 1994/ Central Sales Tax Act, 1956, the number of registration certificate,-
(a) Under Vanijyik Kar Adhinyam
- (b) Under Central Sales Tax
7. Names and addresses of others.

places of work in Madhya Pradesh 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. From:

Name of the applicant

Full postal address

Place.....

Date.....

Signature of the receiving officer

FORM - 3
[See rule 3(2)]
Application for certificate of registration (for persons)

To,
The Profession Tax Assessing Authority

I, hereby apply for a certificate of registration under the Madhya Pradesh 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 tax).
3. Address of the place of work (building /street/road/ municipal ward /town/city/tehsil/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.
- *the 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 particulars thereof or if simultaneously engaged in employment of more than one employer, the names and addresses of all such employers, and the monthly salary received from each of them. Form made fillable by Karvitt.com
8. Names and addresses of additional places of work if any, in the State of Madhya Pradesh
1..... 2..... 3.....
9. If registered under the Madhya Pradesh Vanijyik Kar Adhiniyam, 1994/Central Sales Tax Act, 1956 the number of the registration certificate,-
 - (a) under M.P. 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 address 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 officer

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, trade, or calling specified in
entry of the Schedule to the M.P. Vritti Kar Adhinyam, 1995 and
the rate of tax payable by me under the said entry is more than the rate of tax payable under
entry 1 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

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	Address of the employer (1) (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. dated and shall pay the tax/
*have paid tax stated therein myself.

Place.....

Date.....

Signature
*Strike out whichever is not applicable.

FORM - 8
[See rule 11 (4)]
Application for permission to furnish a return for a year

To,

The Profession Tax Commissioner,

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

No. of employees	
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. 100001 to Rs. 150000
Exceeding Rs. 1,50,000

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

FORM - 9
[See rule 12 (1)]
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 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 my knowledge and belief.

Place.....

Signature.....

Date.....

Status.....

ACKNOWLEDGEMENT

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

Received a return for the period from.....to.....with challan
No..... dated for Rs. from,- Name of the person
..... Full postal address

Place.....

Date.....

Signature with full name and designation of the receiving official