

FORM - I
PROFESSION TAX -ARREAR - RETURN FORM

1. Name: (Individual/Firm)
2. Address:
3. Profession / Trade / Calling:
4. Half-Year up to which Profession Tax paid under the Tamil Nadu Act 42 of 1992:
.....
5. Details of half-years for which: Profession
Tax not paid (Tick the half-year concerned)
6. The number of half-years Profession: Tax
due as per the Tamil Nadu Act 24 of 1992.
7. Total arrears due (Number of half-years x amount):
.....
- 8 Number of Half-yearly installments in which arrears to be cleared (I half-year: of 1992-93 to
I half-year of 1998-99)
9. Details of number and date of Chalan receiving 1st installment. :

Signature

CERTIFICATE

I Certify that the particulars given above are true
to the best of my knowledge. Signature

ACKNOWLEDGEMENT

Received Statement of Arrears of Profession Tax along with Chalan No
..... Dated being the 1st installment from Thiru /
Tmt doing business at.....
..... engaged in the profession of.....
..... on

Signature