

**FORM ENT VI (See rule 9 (1))**

**RETURN OF TAX PAYABLE BY ASEESSEE UNDER the Goa Entertainment Tax Act, 1964**

**Return Period: From.....To.....**

1	Registration Certificate No. Under							
	(a) Goa Entertainment Tax Act 1964 (b) Goa Value Added Tax Act, 2005 (TIN) (c) Goa Tax on Luxuries Act, 1988							
2	Name and Address of the Assessee							
3	<b>Compilation of turnover liable for taxation</b>							
	(a) Total turnover for admission charges							
	(b) Deductions							
	(i) Total turnover for admission charges not exigible to tax							
	(ii) Total turnover for admission charges exempt from tax u/s 5 of the Goa Entertainment Tax Act 1964							
	(iii) Others (give details)							
	TOTAL DEDUCTIONS (i) to (iii)							
	(c) TAXABLE TURNOVER (a) –(b)							
4	<b>Tax payable under Schedule A (For Cinema Halls and Theaters)</b>							
	Item	TTO (Rs.)	Rate Of Tax %	Tax Payable (Rs.)	Item	TTO (Rs.)	Rate Of Tax %	Tax Payable (Rs.)
	1 (b)		30		3(d) (ii)		15	
	1 (c)		40		4 (a) (i)		10	
	2		30		4(a) (ii)		15	
	2		120		4 b(ii)		10	
	3(b)		10		4 (b) (iii)		15	
	3 (c)		20		<b>TOTAL</b>			
5	<b>Tax payable under Schedule B (For Cruise Operators)</b>							
	Item	TTO (Rs.)	Rate Of Tax %	Tax Payable (Rs.)	Item	TTO (Rs.)	Rate Of Tax %	Tax Payable (Rs.)
	1		15		<b>2</b>		10	
	<b>TOTAL</b>							

<b>6 Tax payable under Schedule C (For Cable Operators)</b>							
Item	TTO (no of Connections)	Tax Rs, per Connect ion	Tax Payable (Rs.)	Item	ItemT TO (no of Conn ectio ns)	Rate of Tax Rs, per Connection	Tax Payable (Rs.)
(i)		10			(iv)	105%	
(ii)		15			(v)	20	
(iii)		10		<b>TOTAL</b>	(i)+(ii)+(iii)+(v)+(iv)		
(v)		20					
<b>7 Tax payable under Schedule D ( For Casinos)</b>							
Item	No. of PAX	Rate Of Tax/ PAX	Tax Payable (Rs.)	Item	TTO (Rs.)	Rate Of Tax %	Tax Payable (Rs.)
1 (a) (i)		10/ PAX		1 (b)		200 /PAX	
1 (a) (ii)		200/ PAX		1 (c)		10%	
1 (b)		200 /PAX		Lump Sum charges for Casino Entry as per proviso to Schedule D @ Rs.10/-/room/month			
<b>TOTAL</b>	Rs.						
<b>8</b>	<b>TOTAL( 4+5+6+7) Rs. /- ( Rs.....)</b>						
<b>9</b>	Challan No. _____ Date _____					Period _____	
The signatory certifies that the returns are true and correct.						Signature and name	