FORM ST-24

[See rule 29 (e) (g)]

RECEIPT SCHEDULE

| Receipt No. | Date | Name and address of payer | Amount paid in Form | | Remarks | |
|----------------|-------------------|---------------------------|------------------------|---|---------|---|
| | ST-16 ST-22 ST-59 | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Total Amount received during the month

Signature of Treasury Officer

Dy. Sales Tax Commissioner