

FORM I

[See Rule 3 (2) / 5]

Application for Certificate of Registration/Amendment of Certificate of Registration

To

..... Prescribed Authority)

I have to apply for a certificate of Registration / amendment of Certificate of registration under the West Bengal State Tax on professions, Trades, Callings and Employments Act, 1979 (West Bengal Act, VI of 1979) as per particulars given below :

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

Name of the Applicant :

Address :

Pin Code—

District :—

Status of Person signing this form

Put mark below the heading whichever is applicable

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary

Class of Employer

Put mark below the heading whichever is applicabler

Individual	Firm	Company	Corporation	Society	Club	Association
01	02	03	04	05	06	07

Instructions for the Tax-Payer for filling up the form

1. Please use one Capital letter or one figure for each box
2. Please fill up the 'Name prefix' boxes thus

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3. Please fill up the 'Name proper' and 'Address Line' boxes thus

4. Please do not use commas and full-stops. Leave one box blank after one complete set of words or figures if the boxes provided fail to contain all the information regarding Name and Address please use abbreviations.
5. In the boxes for address please give the name of the Police Station. if you are a resident of Kolkata and the name of the Subdivision if you are a resident of any District of West Bengal.

Class of person :		Rate of tax
Salary and wage earners whose monthly salaries and wages are		
i)	Rs. 1,501 to Rs. 2000/-	Rs. 18/- per month
ii)	Rs. 2,001 to Rs. 3000/-	Rs. 25/- per month
iii)	Rs. 3,001 to Rs. 5000/-	Rs. 30/- per month
iv)	Rs. 5,001 to Rs. 6000/-	Rs. 40/- per month
v)	Rs. 6,001 to Rs. 7000/-	Rs. 45/- per month
vi)	Rs. 7,001 to Rs. 8000/-	Rs. 50/- per month
vii)	Rs. 8,001 to Rs. 9000/-	Rs. 90/- per month
viii)	Rs. 9,001 to Rs. 15000/-	Rs. 110/- per month
ix)	Rs. 15001 and above	Rs. 130/- per month

Seal :

Signature

Place :

Designation

Date :

WEST BENGAL STATE PROFESSION TAX DATE

CODE—P 1

(For Office use only)

Empty boxes for registration details

P. T. Registration No. Chk. Date of Enrolment Profession Code/Catg. Tax Payable [in Rupees]

Name Prefix Name Proper Sir/Smt./Dr./Mr. Mr./Miss./etc. Permanent Income Tax No. Mode of payment

CODE—P 2 Central Sales Tax Act. 56

W.B.S.T. Act. 94

W.B.S.T. Act. 94

REGIN No. Address Line—1

Address Line—1

CODE—P 3

Address Line—2

Address Line—2

Address Line—3

Pin code

Town Name

*Please see instruction overleaf

Form—1A

[See Rule 3 (2)]

Certificate of Registration

No.....

This is to certify that the Individual / Firm / Club / Association / Society / Corporation / Company known as.....

And located at.....

has been registered as an employer under the West Bengal State Tax on Professions, Trades, Callings and Employments Act. 1979 (West Bengal Act. VI of 1979)

The holder of this certificate has additional place of works at the following Addresses :

Return in the prescribed form shall be furnished by the employer in respect of each month separately on or before the last day of the following month. The tax calculated according to the following. Schedule shall be payable monthly with the return and the receipted challan in taken of payment of the tax shall be attached to the return unless otherwise permitted under sub-Rule (4) of Rule 12.

(Name and Addresses of other places of work, if any, in the State of West Bengal)

- 1.
- 2.
- 3.
- 4.

Total number of other please of work

If registered under the West Bengal Sales Tax Act. 1994. Central Sales Tax Act. 1956. the numbers of registration Certificate held under.....

The West Bengal Sales Tax Act. 1994. registration certificate No.....

Central Sales Tax Act. 1956 registration Certificate No.....

(Please fill in this part in case the application is for amendment of a certificate of enrolment)

Number of certificates of Enrolment.

Grounds on which amendment is sought.

The above statement are true to the best of my knowledge and belief.

Date.....

Signature.....

Status.....

To be filled in only in case it is an application for amendment.

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

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

Received an application for a Certificate of Registration / amendment of certificate of Registration in FORM if from :

Name of the Applicant.....

Full Postal Address.....

DATE.....

SIGNATURE OF RECEIVING OFFICER