FORM II

[See Rule 4(1)|6(2)]

[To be submitted by person seeking enrolment under section 5(4)(b) or amendment of certificate of enrolment under section 5(4)(d).]

To
The Profession Tax Officer

_____

I,_____ *son/daughter/wife of_____
        (Name)

_____ hereby apply for *a certificate of enrolment/amendment of the certificate

of enrolment bearing No._____

*I enclose a receipted copy of Challan dated_____ for Rs. _____

on_____ _____ _____ . and furnish
        (Bank)   (Branch)

the following information :

	Name Prefix	**Name Proper**
1. Name	☐☐☐☐ (Use Shri/Smt./ Dr. etc.)	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. Trade Name

3. Address

Address Line 1

Address Line

Police Station

Sub-division

Post

District

Pin Code

4. Sl. No. (and sub-number, if any) of the Schedule which is applicable

Sl. No.   Sub. No.

5. Date of commencement of Professions/ Trades/Callings/Employments _____

6. Annual Gross Income from the profession
   during the immediately preceding year   Rs..

7. Gross business/Gross turnover :
   (a) In the immediately preceding year   Rs..
   (b) During the current year upto the date
       of application   Rs..

8. West Bengal Sales Tax Registration Certificate No.,
   if any.

   (a) State Act.................................(b) Central Act...

9. No. of Employees :

   *(a) In the Factory [   ]   *(b) In the Shop/Establishment [   ]

10. No. of Transport Vehicles [   ]

11. Level of Co-operative Societies : *State Level / District Level

12. Income Tax Permanent A/c. No....................... ....

13. Bank Account No. with name of Bank and Branch (if any)......... ....

14. Telephone No./E. Mail No. (if any)................. ....

15. Names and Addresses of other places of work in West Bengal.......................................

    ....

    I declare that the above statements are true to the best of my knowledge and belief.

    I would request to *grant me a Certificate of enrolment/amend the certificate accordingly.

Date ....   Signature............................

Place.....................   Designation.........................

*Strike out whichever is inapplicable

[for Office use only]

Date of receipt   [ ][ ][ ][ ][ ][ ]
                 D D M M Y Y

P. T. Enrolment Number

[ ][ ][ ]   [ ][ ][ ][ ][ ][ ]   [ ]   [ ][ ][ ][ ][ ][ ]   [ ][ ][ ]   [ ][ ][ ][ ]
ZONE   NUMBER   CHK   D D M M Y Y   Prof. Tax   Tax payable
                                                Code/Catg.   (in Rupees)

Signature...

(Profession Tax Officer)

....................................Range/Unit