

FORM I

[See rule 3(1)/5(1)]

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 Ben. Act VI of 1979) as per particulars given below:

(PLEASE TYPE OR USE BLOCK LETTERS ONLY)

Name of the applicant :

Address :

Pin Code :

District :

Telephone No./E-mail Add.(if any) :

Bank Account No. (if any) :

Name of Bank with Branch :

Status of person signing this form :

Put (✓) mark below the heading which is applicable

Proprietor	Partner	Principal Officer	Agent	Manager	Director	Secretary

Class of Employer

Put (✓) mark below the heading which is applicable

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

If registered under the West Bengal Sales Tax Act, 1994/Central Sales Tax Act, 1956, the numbers of Registration Certificates held:

The West Bengal Sales Tax Act, 1994

Registration Certificate No.

The Central Sales Tax Act, 1956

Registration Certificate No.

Enrolment Certificate No. under the West

Bengal State Tax on Professions, Trades,

Callings and Employments Act, 1979.....

Name and Address of other places of work, if any, in West Bengal:

Name

Address

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

Other particulars of the applicant:

Name of the Proprietor/ Partners	Residential Address	Bank Account No. (if any) with name of Bank and Branch	Income Tax Account No. (if any)

* Number of certificate of registration:

* Grounds on which amendment is sought:

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

Signature

Date

Status

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

Note: Strike out whichever is not applicable.

ACKNOWLEDGEMENT

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

Received an application for Certificate of Registration/Amendment of Certificate of Registration in Form I from:

Name of the applicant:.....

Full postal address:

.....

Date

Receiving Officer's Signature.

(3)

WEST BENGAL STATE PROFESSION TAX DATA

I	R	D
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(For Office use only)

P.T.Registration No.	Chk.	Date of Regn.	Employer's Code/Catg.	Tax Amount (in Rupees)
R <input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ZONE	NUMBER	D D M M Y Y		

(To be filled in by the applicant in BLOCK LETTERS)

Name prefix	Name Proper
<input type="text"/>	<input type="text"/>

(The, M/s. etc.)	Mode of Payment
Permanent Income Tax No.	<input type="checkbox"/>
<input type="text"/>	(M-Monthly, Q-Quarterly, H-Half-Yearly, Y-Yearly)

REGN. NO.	Central Sales Tax Act, '56	W.B.S.T. Act, '94
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Line -1

Address Line-2

Town Name	Address Line-3	Pin Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please see instruction overleaf.

FORM IA
 [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 Ben. Act VI of 1979).

The holder of this Certificate has additional place of work at the following address:

Return in the prescribed form shall be furnished by the employer in respect of each quarter/year separately on or before the last day of the month following such quarter/year. The tax calculated according to the rates prescribed in the Schedule to the Act shall be payable in accordance with rule 12(1), and the receipted challans in token of payment of tax for the relevant quarter/year shall be attached to the return.

<i>Seal</i>	
<i>Place</i>	<i>Signature</i>
<i>Date</i>	<i>Designation</i>

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

T	H	E	
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M	/	S	
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3. Please fill up the 'Name Proper' and 'Address Line' boxes thus

G	O	O	D	W	I	L	L		&		C	O	M	P	A	N	Y		B	R	O	S
---	---	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	---	--	---	---	---	---

2	3	/	A		M	U	K	U	N	D		L	A	N	E
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C	A	L	C	U	T	T	A		7	0	0	0	0	1
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4. Please do not use comma's and 'full-stop's. 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 Calcutta and the name of the Subdivision if you are a resident of any District of West Bengal.
