

FORM II

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

[To be submitted by a person seeking enrolment under section 5(4)(b) or amendment of a 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 the following information :

	Name Prefix	Name Proper
1. Name	<input type="text"/>	<input type="text"/>

(Use Shri/Smt./Dr. etc.)

<input type="text"/>

2. Trade Name

<input type="text"/>

<input type="text"/>

3. Address

Address Line 1

<input type="text"/>

Address Line 2

<input type="text"/>

Police Station

<input type="text"/>

Sub-division

<input type="text"/>

District

<input type="text"/>

Pin Code

<input type="text"/>

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

<input type="text"/>

Sl. No.

<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

P.T.Enrolment Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
ZONE		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER					

<input type="text"/>
CHK

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

<input type="text"/>	<input type="text"/>	<input type="text"/>
Prof. Tax Code/Catg.		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax payable (in Rupees)			

Signature

(Profession Tax Officer)

..... Range/Unit