

FORM IX
[See Rule 15(1)]

(Please type or use capital letters to furnish the following information)

Name of the Enrolled person

Location and Address (Please indicate name of
The Police Station and/or Sub-Division also)

Enrolment Certificate No. under Profession Tax Act, 1979

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Registration Certificate No. under P.T.Act, 1979 (if any)

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Registration Certificate No. under B.F. (S.T.) Act, 1941

Registration Certificate No. under W.B.S.T.Act, 1954

Registration Certificate No. under C.S.T.Act, 1956

Type of profession, trade, calling or employment
(please indicate the entry No. of the Schedule)

Date of commencement of profession, trade, calling or employment

Gross income form profession in the previous year (20...../20.....)

Gross turnover/gross business receipts in previous year (20...../20.....)

No. of employees working in the factory/shop/establishment

Number of taxis including auto-rickshaws, three-wheeler
Goods vehicles for which permits held :

Number of buses and trucks for which permits held

Were you liable to pay Income Tax under I. T. Act, 1961 in the
Previous year (20..../20....) ? if yes, state the I. T. Permanent Account No.

Have you claimed the benefit of lower rate of tax under clause (b)
Or clause (c) of the paragraph below Sl. No. 21 of the Schedule ?

Yes/No

Total No. of other places of work in West Bengal

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

Date

Signature

Place.....

Designation

NOTE : Please fill in whichever applicable.