

**DECLARATION OF TAX ASSESSMENT OF PROFESSIONS,
TRADES ETC. TO BE PRODUCED BY THE
CONTRACTORS/SUPPLIER/LICENSEE ETC.**

(TO BE FILLED IN BY THE DECLARANT)

1. Name of the contractor/Supplier : _____

2. Father's / Husband name : _____

3. Business Address: Village/ Town : _____

4. Particulars of Trade/ Occupation : _____

5. Trading License No. & Date if any: _____

6. Particular of Tax Paid : _____

Sl. No	ASSESSMENT YEAR	TAX PAID	REMARKS
1			
2			
3			

I declare that the above information is correct and complete to the best of information and belief.

Signature of the Contractor/ Agent

MEMO.NO.DC.XXIII/TW/15/

Dt. SHILLONG, THE

200__

Certified the above named person has paid the Professional Tax upto date.

This certificate is valid upto _____

**Superintendent (Professional Tax)
Khasi Hills Autonomous District Council.
Shillong.**