

**DECLARATION OF TAX ASSESSMENT OF PROFESSIONS, TRADES, ETC.
TO BE PRODUCED BY THE APPLICANT FOR APPLICATION/ RENEWAL
OF PROFESSIONAL TAX.**

(TO BE FILLED IN BY THE APPLICANT)

1. Name of the Applicant : _____
2. Father's/ Husband's Name : _____
3. Name of the Firm : _____
4. Business Address: Village/ Town : _____
P.O. : _____
District : _____
5. Branches if any : _____
6. Nature of Business : _____
7. Commodities dealt in : _____
8. Year in which the Business was established : _____
9. Trading License No. and Date if any : _____
10. Particulars of Tax paid : _____

Sl. No.	Assessment Year	Tax Demand	Tax Paid	Remarks
1.				
2.				
3.				

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

Signature of the Applicant/ Agent

Memo.No.DC. _____ Dated Shillong the _____ 200__

In my opinion the applicant mentioned above has been doing everything possible to pay the tax promptly and to facilitate the completion of the pending or outstanding proceedings.

This Certificate is valid up to _____.

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