

**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.			Challan No: _____ Date: _____
2.			
3.			

*Rupees* ( \_\_\_\_\_ ) *only*

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

**Signature of the Contractor/ Agent**

MEMO.NO.PT/CC/XXIII/ /

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.**