

FORM - I

PROFESSION TAX -ARREAR - RETURN FORM

1. Name :
(Individual/Firm)
2. Address :
3. Profession / Trade / Calling :
4. Half-Year up to which Profession
Tax paid under the Tamil Nadu Act
42 of 1992 :
5. Details of half-years for which :
- Profession Tax not paid
(Tick the half-year concerned)
6. The number of half - years Profession
Tax due as per the Tamil Nadu Act 24
of 1992. :
7. Total arrears due (Number of half-
years x amount) :
8. Number of Half-yearly instalments in
which arrears to be cleared (I half year
of 1992-93 to I half year of 1998-99) :
9. Details of number and date of chalan
receiving 1st installment. :

Signature

CERTIFICATE

I Certify that the particulars given above are true to the best of my knowledge.

Signature

ACKNOWLEDGEMENT

Received Statement of Arrears of Profession Tax along with Chalan No
Dated being the 1st installment from Thiru / Tmt
..... doing business at.....
..... engaged in the profession of.....
..... on

Signature