**OFFICE OF THE EXECUTIVE COMMITTEE  
KHASI HILLS AUTONOMOUS DISTRICT COUNCIL  
SHILLONG**

**(The Meghalaya Professions, Trades, Callings and Employments Taxation Rules,2022)**

**Form 1a**

**Prescribed format to be enclosed with Form 1A**

1. **Name of Establishment:-**
2. **Address of Establishment:-**
3. **Status:-Principal/Additional:-**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl No** | **Name of Proprietor/Partner/Director/Employee/others** | **Designation** | **Total Gross Annual Income** | **Tax payable** |
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