DECLARATION OF TAX ASSESSMENT ON PROFESSIONS, TRADES, ETC. TO BE PRODUCED BY THE TRANSPORT OPERATOR.

(TO BE FILLED IN BY THE APPLICANT)

1 Name	of the Owner			
2. Father's/Husband's name		:		
3. Business Address: Village/Town		:		
	P.O	:		
	District	:		
4. Vehic	le Registration No.	:		
5. Permit No. & Date				
6. Loading Capacity		:		
7. Seating Capacity		:		
8. Tradir	ng License No. and Date if a			
		•		
9. Partic	ulars of Tax paid	PROFESS	SIONAL TAX	
SL.NO.	ASSESSMENT YE	AR	TAX PAID	REMARKS
1.				
2.				
3.				
(Rupees	<u> </u>) only.
N.B: Co	py of the Registration and P	ermit enclosed.		
I d belief.	eclare that the above inform	ation is correct a	and complete to the best	of my knowledge an
		Signature of the Applicant/Agent		
Memo.No.DC.XXIII/TW/2019-20/			Dated Shillong, the	20
C	Certified that the above name	ed person has pai	id the Professional Tax u	pto date.
т	This certificate is valid upto	31-3-2020		

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