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ಕರ್ನಾಟಕ ವೃತ್ತಿ ತೆರಿಗೆ ಕಾಯ್ದೆ ಅಡಿಯಲ್ಲಿ ಡೌನ್‌ಲೋಡ್ ಮಾಡಿಕೊಳ್ಳಬಹುದಾದ ನಮೂನೆಗಳು

ಪರಿಸೂಚಿ

ಕ್ರಮ ಸಂಖ್ಯೆ	ನಮೂನೆ ಸಂಖ್ಯೆ	ವಿವರಗಳು
1.	ನಮೂನೆ- 1-A	ನೋಂದಣಿಗಾಗಿ ಸಂಯುಕ್ತ ಅರ್ಜಿ ನಮೂನೆ
2.	ನಮೂನೆ- 1	ನೋಂದಣಿ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿ
3.	ನಮೂನೆ- 2	ನೋಂದಣಿ/ಪರಿಷ್ಕರಣಾ ಪ್ರಮಾಣ ಪತ್ರಕ್ಕಾಗಿ ಅರ್ಜಿ
4.	ನಮೂನೆ- 4 A	ನೋಂದಾಯಿತ ವ್ಯಕ್ತಿಗಳು ನೀಡುವ ರಿಟರ್ನ್
5.	ನಮೂನೆ- 5	ಉದ್ಯೋಗದಾತರು ತೆರಿಗೆ ಪಾವತಿಸುವ ರಿಟರ್ನ್
6.	ನಮೂನೆ- 5 A	ಉದ್ಯೋಗದಾತರು ತೆರಿಗೆ ಪಾವತಿಸಿದ ವರದಿ

FORM 1-A
[See Rule 3(1), 4(1) and 6(2)]

COMBINED APPLICATION FORM

To

The Registering Authority.....

..... I,..... Son/ Daughter / Wife of..... on behalf of the dealer carrying on business whose particulars are given below hereby apply for registration under Section 10 of the Karnataka Sales Tax Act, 1957 and Section 4 of the Karnataka Tax on Entry of Goods Act, 1979 and Section 5 of the Karnataka Tax on Professions, Trades, Callings and Employments Act, 1976.

1. Name of the dealer with Trade Name
and full Postal Address

(i) Registered/
Corporate Office:

Tel: Fax: E-Mail

(ii) Local Office:

Tel Fax: E-mail

2. Full Address of the Factory: Tel: Fax: E-mail:

3. Name and address of the person
applying for Registration and his/
her status:

4. Name, Address, Telephone No. and
details of the Proprietor/ Partners/
Directors and others with details of
immovable property possessed by the
proprietor/ individual partners/ firm/
company and others:

Name	Status	Date of Birth and Age	Father's Name/ Husband Name/Wife Name	Present address	Residential address
(1)	(2)	(3)	(4)	(5)	(6)

Permanent Address	Telephone No. off./Res.	Fax/E-mail	Description of building/land	Extent of interest in the business
(7)	(8)	(9)	(10)	(11)

Details of immovables

Survey No. (for land) House No.	Extent	Location/ address	Ownership (Exclusive/ joint)	Name and address and Telephone No. of witness, who should be able to identify these persons
(12)	(13)	(14)	(15)	(16)

4(a) Category of the Chief Promoter: NRI/ Woman /SC/ST/BC/Minority.

5. Details of head of the Unit /Applicant /Authorised Signatory:

Sl. No.	Name	Designation	Residential Address	Tel: (O) (R)	Fax/ E-mail
(1)	(2)	(3)	(4)	(5)	(6)

6. Constitution of the Firm/ : Proprietorship / Partnership / Private Limited/ Other, if any

7. Scale/ Size of business : SSI/ Medium /Large

8. Name of the products proposed to be manufactured/ Services offered:

Sl. No.	Products / By-products/ Services	Installed Capacity (per annum)
1.		
2.		
3.		
4.		
5.		

9. Proposed investment : Land Building P&M Wkg. Capital (Rs. in lakhs) Total

10. Extent of land : Own Agricultural..... Sq. Mtrs. /Ft.
Industrially converted....Sq. Mtrs./Ft.
KIADB-Applied.....Sq. Mtrs./Ft.
AllottedSq. Mtrs/Ft.
Rented.....Sq. Mtrs/Ft.

11.Expected date of commencement of production / business :

12.Power requirement : KPTCL Captive Generation Others, Total
if any

13.Water requirement :Industrial Use.....K.Ltrs.
Domestic use.....K.ltrs.

Total water requirement per day..... K. Ltrs

14. Proposed employment :

15.Expected annual turnover :

16.Particulars of PRC/PMT/IEM/IL (Copy to be enclosed):

No and Date	Issuing Authority	Validity period
(1)	(2)	(3)

17. Particulars of all other places of business/ sales outlets /branches/godowns/ warehouses etc.:

Sl. No.	Type of business (Branches/ godowns/ warehouses, etc.	Name and full Address	Tel. No.	Fax	E-mail
(1)	(2)	(3)	(4)	(5)	(6)

Details of branches, godowns, sales outlets outside
the State of Karnataka, with full address and
Telephone Numbers :

18. Type of business : (i) Manufacturer :
(ii) Services :
(iii) Others :

19. Particulars of Bank Account:

Sl. No.	Bank	Branch	Address	A/c. No.
(1)	(2)	(3)	(4)	(5)
1.				
2.				
3.				

20. Particulars of maintenance of accounts:

(a) Language used : English/Kannada/Hindi/Others
(b) Accounting year :Jan-Dec/Apr-mar/Jul-Jun/Any Other Period
(c) Periodicity of closure :Monthly/Qrty./H. Yly./Yly

21. Description of scheduled goods likely to be dealt in under the KTEG Act

22. Particulars of any other business in which Proprietor /Partner/Director etc., having
interest at present and in the past:

Name and full address of the Business	KST Regn. No.	Capacity in which interested	In case of past interest date of relinquishing the position
	No.: Date: Circle:		

23. Class of Employer:

- i. Individual
- ii. Partner
- iii. Firm
- iv. Company
- v. Corporation

vi. Others (Specify)

- 24.No. of workers engaged in the factory :
25. No.of employees in the establishment :
26. Details of business premises and if shared
with others, the details of other dealer with name,
address, style of business and KST R.C No. :
27. Details of antecedents of the dealer as Proprietor/
Partner/ Directory, should indicate whether they
were in business earlier as employees, partner,
proprietor, etc., and date of relinquishing the
post, closure of business, etc. :

28. Whether copies/originals of following documents are filed:

Yes/No. Details (Name of the
Department)

1. Ration Card :
2. Census :
3. Form 26 :
4. Date of Birth :
6. Purchase deed /sale or lease deed
of business premises :
7. Rental details of business :
8. Partnership deed :
9. Memorandum of articles :
- 10.Licence obtained from any other department
Connected with the business (Licence/
Account NO. of Income-Tax, Central Excise,
State Excise, Shops and Establishments, etc) :
11. Is the applicant connected with any other
business present / past :
12. Two copies of recent passport size photograph of
the person signed and verifying the application to be '
affixed :
29. Details of enrolment under the KTPTC and E Act, 1976
(to be filled in by the Registering, Authority

30. The name and address of two respectable persons in the applicants
area whom the department may contact to ascertain his standing and status

Name	Office Address and Phone No.	Residential Address and Phone No.
1.....		
2.....		

31. Enclosed DD/Crossed cheque/Treasury challan for Rs..... bearing No..... of Bank/
Treasury..... towards registration and for Rs..... bearing No..... of Bank/
Treasury towards Enrollment.
32. Reference No..... of approval by the SHLCC/SLSWCC/DLSWCC

DECLARATION

I, Son/ Daughter /Wife of..... hereby declare taht to the best of my
knowledge and belief the inforamtion furnished in this application are true and

correct, In case any information is proved to be incomplete and untrue I would be liable for legal consequences thereof.

Name and Address and Signature of the Person Signing with Status and relationship to the dealer (herestate whether Proprietor, Manager, Director, Partner, etc)

Place:

Date:

Signature]

FORM 1
[See Rule3(1)]

Application No.....

**Under the Karnataka Tax on Professions, Trades,
Callings and Employment Act, 1976**

1. Rule 28-A inserted by GSR 48, dated 30-03-1996 , w.e.f. 1.4.1996

I hereby apply for a Certificate of Registration under the above mentioned Act as per particulars given below:-

SL. NO.	Particulars	
1.	Name of the Applicant	
2.	Full Postal Address	
3.	Class of employer:- Individual-1, Partner-2, Firm-3, Company-4, Corporation-5, Society-6, Club and Association-7, Others Specify-8	
4.	Status of person signing the Form. Proprietor-1, Partner-2, Principal Officer-3, Agent-4, Managers-5, Director-6, Secretary-7, Others specify-8	

The above statements are true to the best of my knowledge and belief.

Date:

Signature with Status

Registration No.

Signature of the Issuing Officer

Date of Issue:.....

ACKNOWLEDGEMENT

(Particulars of name and address to be filed in by applicant)
Received an application for Registration in Form-1

From

Application No.....

Name

Address

Date :

Signature of the Receiving Officer.



FORM 2

[See Rules 4(1) and 6(2)]

Application No.....

Application for Certificate of Enrolment/Revision of Certificate of Enrolment under the Karnataka Tax on Professions, Trades, Callings and Employments Act, 1976.

I hereby apply for a Certificate of Enrolment/Revision of Certificate of Enrolment under the above mentioned Act as per particulars given below;-

1.	Name of the Applicant	
2.	Full Postal Address	
3.	Date of birth and age	
4.	Profession, Trade or Calling	
5.	period of Standing in profession in years and months	
6.	No.of other places of works (please give the address of the places on the reverse)	
7.	Annual Turnover of all Sales/ Purchses	
*8.	No.of workers engaged in the factory	
*9.	No.of employees in the Establishment	
*10.	If Co-operative Society whether State level, District level or Taluk level	
*11.	No.of vehicles for which permit under M.V.Act is held:	3 Whllers Trucks and Buses
	_____	Total
*12.	Enrolment No.of previous certificate, if any	
*13.	Grounds on which revision is sought	

*Please fill up whichever is applicable.

To be filled in by persons covered by Sl. Nos2,3, and 8 of the Schedule. The above statements are true to the best of my knowledge and belief.

Date:

Signature with Status

(FOR OFFICE USE ONLY)

Enrolment NO.

Date of Enrolment

Signature of Issuing Officer

ACKNOWLEDGEMENT

(Particulars of name and address to be filled by Applicant)
Received an application for Enrolment in Form

From

Name:
Address:

Application No.....
Date:.....

Signature of Receiving Officer.



FORM 4-A		
[See Rule 19(3-A)]		
Return to be furnished by an enrolled person / employee under section 10(1) of the Karnataka Tax on Professions, Trades, Callings and Employments Act, 1976.		
I.	1.	Return for the year ending on
	2.	Name of the enrolled person
	3.	Full address and Telephone No.
	4.	Enrollment Certificate No.
	5.	Profession, Trade, etc. (specify) :
	6.	Amount of tax payable / paid vide Ch. No. _____ Date _____ on _____ Bank / Cash Receipt No. _____ Date _____
II.	Details of exemption claimed in respect of any partners who have paid tax in other firms or exempt senior citizens or in any other capacity:	
	1.	Name of the person
	2.	Full address and Telephone No.
	3.	Class of enrolled person (whether individual, partnership firm, company and others, etc.) (Specify):
	4.	Enrollment Certificate No.
	5.	VAT No.
	6.	Payment details, cheque No./ Cash receipt

	No.	
7.	Office in which the payment is made.	

I,certify that the information furnished above is true to the best of my knowledge and belief.

Place:

Date:

Signature and Designation.



FORM 5
[See Rule 11]

Return of tax payable by employer under sub-section (1) of Section 6 of the Karnataka Tax on Professions, Trades, Callings and Employment Act 1976.

1. Return of tax payable for the year ending on
2. Name of the Employer.....
3. Address.....
4. Registration Certificate No.....
5. Tax paid during the year is as under.....

1. Form 5 substituted by Notification No.FD8 CPT 95, dated 7-8-1995, w.e.f. 8-8-1995 (GSR 102).

Sl. No.	Month	Tax Deducted	Tax Paid	Balance Tax	Paid under Challan No. & Date
(1)	(2)	(3)	(4)	(5)	(6)

1.	April				
2.	May				
3.	June				
4.	July				
5.	August				
6.	September				
7.	October				
8.	November				
9.	December				
10.	January				
11.	February				
12.	March				

6. Total tax payable for the year ending.....
7. Tax paid as per monthly statement
8. Balance tax payable
9. Balance tax paid under Challan No..... Date.....

I certify that all the employees who are liable to pay the tax in my employ during the period of return have been covered by the foregoing particulars. I also certify that the necessary revision in the amount of tax deductible from the salary or wages of the employees on account of variation in the salary or wages earned by them has been made where necessary.

I, Shri..... solemnly declare that the above statements are true to the best of my knowledge and belief.

Place:

Signature
(Employer)

Date:

Status

(FOR OFFICIAL USE)

The return is accepted on verification

Tax assessed

Rs.....

Tax paid

Rs.....

Balance

Rs.....

Assessing Authority.

Note;- Where the return is not acceptable separate order of assessment should be passed.]



FORM 5-A
[See Rule 11-A]

Statement of tax payable by employer under sub-section (1) of Section 6-A

1. Amount of Tax payable for the month ²[or quarter] ending on
2. Namee of the Employer.....
3. Address:.....
4. Registration Certificate No.....
5. Number of employers during the month ³[or quarter] in respect of whom the tax is payable is as under:-

	Employees whose monthly salary or wages of both are	Number of employees	Rate of Tax per month	Amount of Tax Deducted
	(1)	(2)	(3)	(4)
a.	Not less than Rs.1,500 but less than Rs.2,000			
b.	Not less than Rs.2,000 but less than Rs.3,000			
c.	Not less than Rs.3000 but less than Rs.4,000			

d.	Not less than Rs.4,000 but less than Rs.6,000			
e.	Not less than Rs.6,000 but less than Rs.10,000			
f.	Not less than Rs.10,000 but less than Rs.15,000			
g.	Not less than Rs.15,000 but less than Rs.20,000			
h.	Not less than Rs.20,000			
	TOTAL			
	Add interest if any payabl under Section 11(2) of the Act			
	Grand Total			

Amount paid under Challan No..... Dated.....

I certify that all the employees who are liable to pay the tax in may employ during the period of statement have been covered by the foregoing particulars. I also certify that the necessary revision in the amount of tax deductible from the salary or wages of the employees on account of variation inthe salary or wages earned by them has been made where necessary.

I, Shri..... solemnly declare that the above statements are true to the best of my knowledge and beleif.

Place:

Signature
(Employer)
Status.]

