

FORM 1A

(See Rule 3)

Form of Annual / Monthly Return

To

The Assessing Authority

Sir,

I, S/o..... Proprietor/Partner/Director authorised representative of M/s. (here enter name of stockist with trade name, if any) furnish herewith the statement showing the details of payment of Luxury Tax for the month of

1. Name and full postal address of the stockist: :
2. Particulars of branches or depots if any, within the State :
3. Details of commodities sold or supplied during the month and Luxury Tax paid. :

| Sl. No | No. of commodity | Rate of Tax | Nature of goods Sold / supplied | Luxury tax due | Luxury tax paid | Balance due |
|--------|------------------|-------------|---------------------------------|----------------|-----------------|-------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | | | | | |

4. Details of remittance of Tax:

Challan No:

Date:

Name of Treasury :

I, S/o do hereby declare that the information furnished above are true, correct and complete to the best of my knowledge, information and belief.

Place: Signature (with date)

Name & Address of Stockist/other person

Date: (duly authorised)

Note:- The return shall be signed by the stockist or any other person duly authorised by him in this behalf, in writing.
