<Name of LSGD > GRAMA PANCHAYAT

Statement of Professional Tax Paid <Month> <Year> to <Month> <Year> (First / Second Half)

(See Section 245 & 254 of K. M Act 1994)

Name of Institution : <Name of Company > <Registered office Address >

Sr. No.	Name of Employee	Designation	*Basic & DA*	HRA	*Other Allowance*	Bonus	Total Earnings	*Half Yearly Tax*	*Remarks*
	Total		-	-	-	-	-	-	

CERTIFICATE

1. Certified that all the Employee who are liable to be assessed for Professional Tax as per Schedule have been included in this Statement
2. The Name and Designation of the self drawing Officers working un this office is also enclosed seperately.

Place :

Date :

Signature of HEAD OFFICER