

FORM XVIII

RETURN FOR CABLE TELEVISION NETWORK OPERATORS/DTH SERVICE PROVIDER FOR THE MONTH ENDING.....

1. Return for the period ending.....
2. Name of the Proprietor of Cable Television Network/DTH Service Provider.....
3. Local and Permanent residential address of the Proprietor.....
4. Area of business (with the name of the locality etc.).....
5. Business address of the Proprietor.....
6. Admission fee and tax collection authorization Certificate No. and date of issue
7. Month to which return relates.....

Sl. No.	Total No. of subscribers	Rate of subscription per subscriber	Total amount received	Entertainment Tax payable
(1)	(2)	(3)	(4)	(5)

8. Amount of monthly entertainment tax.....
9. Amount and date of tax last paid.....
10. Payment details

Entertainment Tax due	Mode of payment				Entertainment Tax paid
	D.D.	Banker's Cheque	Treasury Challan No.	Date	
(1)	(2)	(3)	(4)	(5)	(6)

I (name).....(being) statuscertified that the information given above are true and correct to the best of my knowledge and belief and nothing has been concealed.

Date.....

Proprietor/Manager ”.