GOVERNMENT OF ODISHA
FINANCE DEPARTMENT

NOTIFICATION

The 24.03. 2012

S.R.O. ____________ In exercise of the powers conferred by section 32 of the Orissa State Tax on Professions, Trades, Callings and Employments Act, 2000 (Orissa Act 7 of 2000), the State Government do hereby make the following rules further to amend the Orissa State Tax on Professions, Trades, Callings and Employments Rules, 2000, namely:-

1. (1) These rules may be called the Odisha State Tax on Professions, Trades, Callings and Employments (Amendment) Rules, 2012.
   (2) They shall come into force on the date of their publication in the Odisha Gazette.

2. In the Orissa State Tax on Professions, Trades, Callings and Employments Rules, 2000 (hereinafter referred to as the said rules), in rule 13, after sub-rule (5), the following sub-rule shall be inserted, namely:

   "(6) The return required to be furnished under sub-rule (2) and sub-rule (5) may be filed electronically from such date and in such manner as may be notified by the Commissioner."

3. In the said rules, ‘Form 1’ shall be substituted by the following Form, namely:

   "FORM-1
   [ See rule 4(1)6(1)]
   Application for Registration/Amendment-cum-Certificate of Registration
   (To be submitted in duplicate)

   To
   The Assessing Authority..........................

   I hereby apply for Certificate of Registration/Amendment of Certificate of Registration under the Orissa State Tax on Professions, Trades, callings and Employments Act, 2000 as per the particulars given below:
   (Please type or use block letters only)
   1. Name of the Applicant..................................
   2. Address.............................................

   Pin Code.......................... District......................Telephone.....................
3. Status of person signing this form. Put (√) mark below the appropriate heading.

<table>
<thead>
<tr>
<th>Proprietor</th>
<th>Partner</th>
<th>Principal Officer</th>
<th>Agent</th>
<th>Manager</th>
<th>Director</th>
<th>Secretary</th>
</tr>
</thead>
</table>

4. Class of Employer. Put (√) mark below the appropriate heading whichever is applicable.

<table>
<thead>
<tr>
<th>Individual</th>
<th>Firm</th>
<th>Company</th>
<th>Corporation</th>
<th>Society</th>
<th>Club</th>
<th>Association</th>
</tr>
</thead>
</table>

5. Registration number under Orissa Value Added Tax Act, 2004/Central Sales Tax Act, 1956 (if any)

Registration number under OVAT Act 
Registration No. under CST Act

6. Permanent Account Number (PAN) allotted under Income Tax Act (if any):

7. Name and address of other places of work, if any, in Odisha:

   (for information only)

8. Number of employees for which deduction of tax will be effected u/s 5 of the Act.

<table>
<thead>
<tr>
<th>Class of persons</th>
<th>Rate of Tax</th>
<th>Number of employees</th>
<th>Amount payable every month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salaries/Wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Do not exceed Rs. 1,60,000/-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Exceed Rs. 1,60,000/- but do not exceed Rs. 3,00,000/-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Exceed Rs. 3,00,000/-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. (i) Total amount payable by the registrant u/s 5 of the Act every month by the last day of the succeeding month (total of last Col. Of 8): Rs.

(ii) Amount payable every year by the registrant under section 5 of the Act Rs. ............. Per annum payable before the date specified u/s 10 of the Act.
*10. Grounds on which amendment to the Certificate of Registration Number ................
is sought:

(Enclose original certificate for amendment applied for)

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

Date.................... Signature/Status......................

** 11. Registration Number allocated:/Amendment incorporated
12. Amount of tax payable/Due date of payment.

Signature & Seal of Assessing Authority

*To be filled in only in case it is an application for amendment.
**To be filled up by Assessing Authority.

Acknowledgement
(Particulars of name and address to be filled in & signed by the applicant)

Received an application for certificate of registration/amendment of
Registration in Form-I From-

Name of the Applicant........................................ Signature of the Receiving Officer

Signature

Full Postal Address............................................

Date....................... "

[ No. 10892 - FIN-CT1-TAX-0034-2012 ]

By order of the Governor

Under Secretary to Government