

CHHATTISGARH PROFESSIONAL TAX FORM

FORM-4A

[See rule 4-A]

Application to exercise option

To,
The Profession Tax Assessing Authority

.....
I (Name) of(Address) holding registration certificate No..... date
..... under the Chhattisgarh Vritti Kar Adhiniyam, 1995 liable to pay tax according to 7[serial number 2] of the
Schedule appended to the said Adhiniyam, hereby opt to-Pay on the annual income as specified in column (2) against serial number 1
of the said schedule in lieu of the tax payable by me, for the period.....

Place
Date

.....
Signature