

Annexure to Professional Tax Registration Certificate

[As per Rule ____ of the Professional Tax Rules]

Government of [State Name]
Commercial Taxes Department

1. Employer Details

Name of Employer / Organization:

Address:

Registration Certificate No.:

Date of Issue:

Nature of Business:

2. List of Responsible Persons

Sr. No.	Name	Designation	Mobile / Contact No.	Email Address
1.				
2.				

3. Employee Strength

Total Number of Employees:

Location(s) Covered:

4. Declaration

I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge and belief.

Signature & Seal of Employer
Date: _____

Important Notes

- This annexure should be retained along with the Professional Tax Registration Certificate.
- Any changes in the above particulars must be notified to the tax authorities immediately.
- Providing false or incorrect information is liable for penalties under the Professional Tax Act.
- This document is subject to periodic verification by the concerned authorities.
- Employers must deduct and deposit professional tax as per applicable laws.

