

GOVERNMENT OF [STATE NAME]

Professional Tax Registration Certificate (For Employers)

Issued under Rule [Rule Number] of the [State] Professional Tax Act, [Year]

Registration No.: [Registration Number]
Certificate No.:

Name of Employer: [Full Name of Employer/Company]

Address of Employer: [Registered Office/Business Address]

Type of Establishment: [Company / Partnership / Proprietorship / etc.]

Nature of Business: [Nature of Business/Profession]

Date of Commencement: [Date]

Date of Issue: [Certificate Issue Date]

This is to certify that the above named employer has been registered under the provisions of the [State Name] Professional Tax Act, [Year] and is liable to pay professional tax as per the rules and statutes in force from time to time.

The employer shall, within the prescribed time, pay to the government the professional tax deducted from employees and submit required returns as mandated.

Place: [City]
Date: [Issue Date]

[Name & Designation of Issuing Authority]
[Professional Tax Officer / Designation]
Office of the [Jurisdiction/Division]

Important Notes:

- This certificate must be displayed at the principal place of business.
- Any changes in business details must be notified to the issuing authority promptly.
- The employer is responsible for timely deduction and remittance of professional tax.
- Non-compliance may attract penalties as per the Professional Tax Act.
- This certificate is non-transferable and valid only for the entity and address specified above.