

**ANNEXURE**

Application to be submitted by an educational institution which receives grant-in-aid from Government of Maharashtra for late return fees waiver.

1. Profession Tax Registration TIN (Starting with 27) :

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2. Name of the employer (Educational Institution) : \_\_\_\_\_

3. Address of the educational institution : \_\_\_\_\_

District :

Taluka :

Village :

PinCode :

4. Telephone Number :

5. Mobile Number :

6. Email\_id of employer :

7. Name of the Contact Person :

8. Periods of the returns to be filed  
(mention F. Y. and periodicity)

Sr	Financial Year	Periodicity *	Returns period (from .....to.....)	Date of tax payment	Date of payment of interest U/s 9(2) if payable
(a)	(b)	(c)	(d)	(e)	(f)
1					
2					
3					

I have read all the conditions laid down by Maharashtra Sales Tax Department to avail the benefit of late fee waiver and I undertake the responsibility to fulfil the same.

Signature of the employer / authorised signatory

Name :

Designation :

Stamp and Seal of the Institution

\* refer Profession Tax Registration Certificate (PTRC) holder section of Tax Calendar available at [www.mahavat.gov.in](http://www.mahavat.gov.in) >> Dealer Services >> Tax Calendar >> PROFESSION TAX ACT.