| Serial No. | |
|------------|--|
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(Application for registration will not be accepted if the same is not complete in all respects and the required documents are not submitted alongwith the application)

(Please read the instructions carefully before filling the application form)

FORM I

[See Rule 3(1)]

EMPLOYERS REGISTRATION FORM

(Please use block letters)

Application for Registration under sub-section (1) of section 5 of the Maharashtra State Tax on Professions, Trades, Callings and Employments Act, 1975.

| Го, | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|-------|--------|-------|---------|-------|-------|--------|-----|-------|--------|--------|-------|------|------------------|-------|------|-------|-------|-------|-----|------|------|------|------|--------------|
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| Гах с | | | | ply for | | | | | | | | | | | | ctio | n 5 | of tl | he N | Mał | nara | asht | ra S | tate |) |
| 1. | Inco | ome | Tax | Perm | ane | nt A | cco | unt | Νι | ımb | er (P | AN) | of | Emp | loye | r | | | | | | | | | |
| 2. | Nar | ne o | f the | Emp | loye | er | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Con | stitu | ıtion | [Plea | ise 1 | tick | the | apj | oroj | priat | e bo | x] | | | | | | | | | | | | | |
| | Prop | rietor | | Par | tners | hip | | | Priv | vate I | .td.Co | D | | Public | Ltd. | Co. | | So | ciety | ī | | | | | |
| | HUI | T. | | | Ope | rativ | e [| | Pul | olic T | rust | | - 11 | Other (Please | | fy) | | | | | | | | | |
| 4. | Nat | ure (| of Wo | ork / | Bus | ines | ss / A | Act | ivit | y (N | 1enti | on a | ıppr | opria | ite S | r. N | o. fr | om | Anı | nex | ure | -II) | | | |
| | (i) S | Seria | ıl No | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) | In ca | ase o | f Seri | al N | Jum | ber | 44, | Ple | ease | spec | cify. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Nan | ne o | f the | signa | itory | to to | the | app | olica | atior | 1 | | | | | | | | | | | | | | |
| | | Surr | name | | | | | | | | | | | | | | | | | | | | | | |
| | | First | t Nan | ne | | | | | | | | | | | | | | | | | | | | | |
| | | Mid | dle N | lame | | | | | | | | | | | | | | | | | | | | | |

| 6. | Status of the Signatory | to t | he ap | plica | tior | 1 | | | | | | | | | | | | | |
|----|----------------------------------------------------------------------------------|------|---------|--------------|------------|--------|------|------|------|--------------|--------|-------|-----------------|----------|-------|-------|-------|-----|---|
| | Proprietor Partner | | | Karta | a/ Ac | dult l | Mem | ber | of H | UF | | | | Direc | tor | | | | |
| | Manager Principal Officer | | | Auth Pers | | ed | | | 1 | hers ease | Specif | iy) | | | | | | | |
| 7. | Date of commencement | t of | activ | ity o | f en | nplo | yer | • | | | | | | | | | | | |
| | | | | | | | | | | | | D | D | M | M | Y | Y | Y | Y |
| 8. | Commencement of liab which liability to pay ta | - | | | | 1 | | | | | | M | M | Y | Y | Y | Y | | |
| 9. | No.of employees on the | e da | te of | appli | icati | ion | to v | vho | m s | ala | ry oi | r wag | es p | aid į | oer n | nontl | n are | : — | |
| | Salary / Wages No. of Employees | | | | | | | | | | | | | | | | | | |
| | (a) Do not exceed Rs.2500 | | | | | | | | | | | | | | | | | | |
| | (b) Exceed rupees 2500 but do not exceed rupees 3,500 | | | | | | | | | | | | | | | | | | |
| | (c) Exceed rupees 3500 but do not exceed rupees 5,000 | | | | | | | | | | | | | | | | | | |
| | (d) Exceed rupees 5000 but do not exceed rupees 10,000 (e) Exceed rupees 10,000 | | | | | | | | | | | | | | | | | | |
| | (e) Exceed rupees 1 | 10,0 | 00 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tota | ll | | | | | | | |
| 10 | Whether the records are Yes | e co | mput | erize | d? No | _ | ease | ticl | k th | e aj | ppro | - | e box tially | | | | | | |
| 11 | Full address of the princ | cipa | ıl plac | e of | em | plo | yer | | | | | | | | | | | , | |
| | Office No./ Flat No. Room No/ Bldg. Name | | | | | | | | | | | | | Ш | | | - | | |
| | Plot No., Street Name | | | + | | | | | | | | | | \vdash | | | + | | |
| | etc. | | | | | | | | | | | | | | | | | | |
| | Area Name etc. and Landmark, if any | | | | | | | | | | | | | | | | | | |
| | Village/Town/City | | | | | | | | | | | | | | | | | | |
| | Taluka | | | | | | | | | | | | | | | | | | |
| | District | | | + | | | | | | | | _ | - | | _ | _ | + | | |
| | Pin Code | | | + | | | | | | | | | | | | | | | |
| | Mobile No.1 | | | | | | | | | | | | | | | | | | |
| | Mobile No.2 | | | | | | | | | | | | | | | | | | |
| | Instruction – STD Code s | shou | ıld be | prefi | xed | in [| Γele | pho | ne l | Vun | ber | | | | | | | | |
| | Telephone No.1 | | | _ | | | | | | | | | | | | | | | |
| | Telephone No.2 | | | | | | | | | | | | | | | | | | |
| | Fax No. | | | | | | | | | | | | | | | | | | |
| | E-mail Address | | | | | | | | | | | | | | | | | | |

| | Owned Rented | | eased | | | Rent f | ree | | J (P | thers lease ecify) | | | | | | | | | | |
|----|----------------------|---------|--------|--------|-----------|----------|--------|-----------|-------|--------------------------|------|---------|-------|------|-----|-------|------|-------------|-----|---|
| _ | | • | | | • | | | | | | | | | | | | | | | |
| 3 | Full address of the | e addi | tiona | l pla | ace(| s) o | f ei | nplo | yer | (If | sp | ace | is | ins | suf | ficie | ent | ple | ase | 1 |
| | photocopy of this pa | | latta | ch). | | | | | | | | | | | | | | | _ | |
| | | rk/ | | | | \sqcup | | | | | | | | | | | | | | |
| | Business/ Activity | | | | | | | | | | | | | | | | | | | |
| | Office No./Flat No. | | | | _ | | 4 | 4 | | | | | | | | | | | | |
| | Room No./ Bldg. Nan | ne | | | | | + | + | + | | | | | | | | | | | |
| | Plot No., Street Na | me | | | | + | + | + | | | | | | | | | | | 1 | |
| | etc. | | | \top | \dagger | t | \top | + | - | 1 | | | | | | | | | 1 | |
| | Area Name etc. a | ınd | | | | | | | | | | | | | | | | | | |
| | Landmark, if any. | | | | | | | | | | | | | | | | | | | |
| | Village/Town/City | | | | | | | | | | | | | | | | | | | |
| | Taluka | | | | | | | | | | | | | | | | | | | |
| | District | | | | | Ш | | | | | | | | | | | | | | |
| | Pin Code | | | | | | | \perp | | | | | | | | | | | | |
| | Mobile No.1 | | | | | | | | | | | | | | | | | | | |
| | Mobile No.2 | | | | | | | | | | | | | | | | | | | |
| | Instruction – STD Co | de sho | uld be | pref | ixed | l in T | elepl | ione | Nur | nber | • | | | | | | | | | |
| | Telephone No.1 | | | | | | | | | | | | | | | | | | | |
| | Telephone No.2 | | | | | | | | | | | | | | | | | | | |
| | Fax No. | | | | | | | | | | | | | | | | | | | |
| | E-mail Address | | | | | | | | | 1 | | | | | | | | | | |
| ļ | Details of Bank Acc | ount(s |) [Ple | ase a | atta | ch se | para | te s | neet, | , in (| case | of | mo | re l | oan | k ac | ccoi | unts | .] | |
| | Name of the Bank | | | | | | T | | | | | Τ | Τ | | | Τ | | Τ | 1 | |
| | Branch Name | | | | | | | | | | | | | | | | | | 1 | |
| | Type of Account | Cı | arrent | t | Sa | ving | | | | | | | | | | | | | | |
| | Account No. | | | | | | | | | | | | | | | | | | | |
| 5 | Other information (I | f appli | cable | e) | | | | | | | | | | | | | | | | |
| | (1) TIN under M | | | | | | | | | | | | | | | | | | | |
| | Date of effec | | | |) | | F | \dagger | | | | | | | | | - | | J | |
| | (2) TIN under CS | T Act, | 1956 | , | | | | | | | | | | | | | | | | |
| | Date of effec | - | | |) | | - | | | | | | | | | | | ļ | ı | |
| | (3) E.C.No. under | r Profe | ssion | Tax | Act | 1975 | | + | | | | | | | | | | | 1 | |
| | Date of effect | | | | | 7 7 0 | + | + | + | | | | | | | | 1 | | J | |
| | The above informa | tion is | true | to th | e he | est of | mv | kno | wle | dge. | and | bel | ief | | I | | | | | |
| ce | : | | _ | | | | | | 20 | 0 | | J • 1 | | | | | | | | |
| te | : | | | \ | | | | | | | | | | | | | | | | |
| | | SE | AL |) | | | | | | | | _ | | | | - | - | ant | | |
| | | \ | | / | | | | | | Stati | | กส์ | A 224 | har | :4 | 4h a | ** | c | | |

FOR OFFICE USE ONLY

| | | | | | | | | | |
|-----------------------------------------------------------|-------------------------------------------|-----|-----|---------|--------|---|------|------|--|
| Date of receipt of Application | | | | | | | | | |
| Application scrutinized by (Name and Designation) | | | | | | | | | |
| Application scrutinized by (Signature) | | | | | | | | | |
| Application approved by (Name and Designation) | | | | | | | | | |
| Application approved by (Signature) | | | | | | | | | |
| Data entry checked by (Name, Designation and Signature) | | | | | | | | | |
| Date entry validated by (Name, Designation and Signature) | | | | | | | | | |
| Details of R.C. | Number | | | | | | | | |
| | Effect Date | | | | | | | | |
| | Issue Date | | | | | | | | |
| | ACKNOWLEDG | EME | ENT | | | | | | |
| | | | S | erial N | lo. | | | | |
| (Particulars of I | Name and Address to egistration in Form-I | | | • | | Í | | | |
| Name of the Applicant | | | | | | | | | |
| Full Postal Address | | | | | | | | | |
| | | | | | | | | | |
| Receiving Officer's Signature | | | | Ι | Date _ | | | | |

ANNEXURE-I

(Statement of Name and Permanent Address)

| o. of Partners/ Directors/ Members | |
|--------------------------------------|--|
| 0. 01 Partifiers/ Directors/ Members | |

Name, Permanent Residential Address, PAN Number and P.T.E.C. Number of Proprietor/Partners/Directors/Member of Managing Committee/all persons engaged in the business (including the members of Hindu Undivided Family Business)

| Sr. | Full name of Proprietor / Partner/ Director / | Permanent Residential Address |
|-----|------------------------------------------------------------------------------|--------------------------------------------------------------|
| No. | Member of Managing Committee (Please strike out whichever is not applicable) | Office No. / Flat No. / Room No. / Bldg No. |
| | | Plot No., Street Name etc. |
| 1. | | Area Name etc. |
| | | and Landmark, if |
| | | any |
| | | Village/Town/City |
| | | Taluka |
| | | District |
| | P.T.E.C. No. | Pin Code |
| | | Mobile No. 1 |
| | PAN No. | Mobile No. 2 |
| | | Instruction- STD Code should be prefixed in Telephone Number |
| | | Telephone No.1 |
| | | Telephone No.2 |
| | | Fax No |
| | | E-mail Address |

| Sr. | | | | | | | | | | ector / | Permanent Residential Address | | | | | | | | | | | | | | | | |
|-----|-----|------|------|----|---|---------------|----------|---------|------------------|---------|---------------------------------------------------|--------|-------|-------|-------|--------|-------|-----|-----|-----|----|--|--|--|--|--|--|
| No. | | | | | | | | | ee (Pl olicab | | Office No. / Flat No. / Room No. / Bldg No. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Plot No., Street Name etc. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | \perp | | | Area Name etc. | | | | | | | | | | | | | | | | |
| | | | | | | ightharpoonup | _ | \perp | | | and Landmark, if any | | | | | | | | | | | | | | | | |
| | | | | | _ | | \dashv | \perp | | | | | | | | | | | | | | | | | | | |
| | | | | | | \square | \Box | \perp | \bot | | Village/Town/City | | | | | | | | | | | | | | | | |
| | | | | | | | | \perp | | | Taluka | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | District | | | | | | | | | | | | | | | | |
| | P.T | T.E. | C. N | 0. | | | | | | | Pin Code | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Mobile No. 1 | | | | | | | | | | | | | | | | |
| | PA | ΝN | lo. | | | | | | | | Mobile No. 2 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Instruction- STD Co | de sho | uld t | e pre | fixed | l in T | elepl | one | Nui | mbe | er | | | | | | |
| | | | | | | | | | | | Telephone No.1 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Telephone No.2 | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Fax No | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | E-mail Address | | | | | | | | | | | | | | | | |

The above information is true to the best of my / our knowledge and belief.

ANNEXURE – II

List of Nature of Business / Work / Profession (To be filled in Para No.4)

- 1. Manufacturer
- 2. Reseller (includes Wholesalers)
- 3. Retailer
- 4. Importer
- 5. Exporter
- 6. Educational Institutions
- 7. Banking Institutions
- 8. Insurance Services
- 9. Other Financial Institutions
- 10. Information Technology Services
- 11. Information Technology Enabled Services
- 12. Security and Detective Agencies
- 13. Courier Services
- 14. Manpower Providers / Labour Contractors
- 15. Media and Event Management Companies
- 16. Consultancy Firms / Agencies
- 17. House Keeping Services
- 18. Advertising Agency
- 19. Hotels / Boarding / Lodging
- 20. Restaurants / Bar
- 21. Catering Services
- 22. Tour and Travel Services
- 23. Vehicle Rental Services
- 24. Transport, Freight / Cargo Services
- 25. Hospitals or Nursing Homes
- 26. Health Clinics / Fitness Centers
- 27. Beauty Treatment Centers / Parlours
- 28. Training and Placement Service Centre
- 29. Service Centers / Maintenance Agencies
- 30. Market Research Agencies
- 31. Marketing Services / Agencies
- 32. Coaching Classes / Training Institutes
- 33. Gymkhana, Club or Association
- 34. Construction Agencies / Contractors
- 35. Cable / DTH Services
- 36. Printing Press/ Printing Agencies
- 37. Film / TV Serial Production Agency
- 38. Business Centers
- 39. Pest-Control Services
- 40. Telecommunication Services
- 41. Electricity Generation, Transmission and Distribution
- 42. Mandap/ Decoration/ Shamiana Services
- 43. Commission Agent
- 44. Others*
- 45. Government

Form - I

Instructions

- 1. Please fill in all the details in the application in block letters and ensure that the required information and /or the required documents are attached along with the application.
- 2. A black ballpoint pen should be used to fill in the form.
- 3. No field should be left blank. If the field is not applicable, 'N.A.' should be written in it.
- 4. Wherever boxes are provided, only one letter should be written in each box and one box should be left blank between two words.
- 5. Wherever space provided for a particular field is not sufficient, the applicant should photocopy the relevant page, fill in the required information and attach along with the application.
- 6. The application may be obtained from the sales tax office or can be photocopied, printed or can be download from the website of the department (www.vat.maharashtra.gov.in)
 - Only font size of '11' should be used. The print out of the application should be in 'Black' ink only using A4 size paper of 70GSM. The format of the document must not be changed and printing should be only on one side of the paper.
- 7. Application can be submitted by anybody, however depending upon the constitution of the employer it should be signed by applicant himself as shown below -

| Constitution of the Employer | To be signed by | | | | | | | | | |
|--------------------------------------|----------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Proprietor | Proprietor or an authorized person | | | | | | | | | |
| Partnership Firm | Any Partner of the Firm | | | | | | | | | |
| Private or Public Limited Company | Director, Manager or an authorized person | | | | | | | | | |
| Hindu Undivided Family (HUF) | Karta or an adult member of HUF | | | | | | | | | |
| Others | Manager, Principle Officer or an authorized person | | | | | | | | | |

8. The application for registration should be submitted within 30 days of the employer becoming liable to pay tax.

Documents to be furnished along with the application in Form-I

(Note – Copies of the document must be attested and the originals submitted for verification)

- 1. Proof of constitution of business/ work (as applicable)
 - i) In case of proprietary firm: Details of opening current bank A/C.
 - ii)In case of partnership firm : Copy of partnership deed.
 - iii)In case of company : Copy of certificate of incorporation
 - iv)In case of other constitution : Copy of relevant certificate / Document.
- 2. Proof of permanent residential address (Please provide at least one documents containing the name and present address .)
 - i) Copy of passport
 - ii) Copy driving licence
 - iii) Copy of the election photo identity card
 - iv) Copy of property card or latest receipt of property tax of Municipal Corporation/Council/Gram Panchayat as the case may be.
 - v) Copy of latest paid electricity bill or telephone bill in the name of applicant
- 3. Proof of status of place of business/ work
 - i) In case of owner: Proof of ownership of premises (Property tax receipt, etc.)
 - ii) In case of tenant/subtenant: Proof of tenancy/Sub tenancy.
- 4. Copy of PAN card.