

FORM 5

Return of tax payable by employer under sub-section (1)
of Section 6 of the Gujarat State, Tax on Profession, Trades, Callings and
Employments Act, 1976

(See Rule 11)

Return of tax payable for the month ending on :

Name of the Employer

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Address Registration Certificate No.

.....

Details of employees during the month in respect of whom tax is payable are as under:

Details for tax calculation for tax payable in respect of salaries for the month ending on

Employees whose monthly salaries or wages are	Number of employees	Number of employees for whom no tax is payable under second proviso to Section 4	Number of employees in respect of whom tax is payable (i.e. Co.2 minus Cbl.3)	Rate of tax per month per employee	Amount of tax deducted
1	2	3	4	5	6

(i) Rs. 1000
or more but
less than Rs. 1,500

(ii) Rs. 1,500
or more but
less than
Rs. 2,000

(iii) Rs. 2000
or more

Total A _____

II. Details of employees in respect of whom tax is payable at the enhanced rate for previous period on account of arrears salaries or wages paid during the month.

Rate of Tax					
Number of employees liable to tax at enhanced rate to be shown separately according to column 4 and column 5	Payable on accounts of payment of arrears salaries and wages	At which tax was paid previously	Difference of rate (Col.2 minus Col.3)	No. of months for which arrears is paid	Additional tax payable (Col. 1, Col. 4 and Col.5)
1	2	3	4	5	6

Total B. Rs. _____

Total Tax payable i.e. Total - A + Total B = Rs.

Add : Simple interest payable (if any) on the above amount at two per cent per month or part thereof (vide section 9(2) of the Act).

Total Tax and Interest Payable Rs.

Amount paid under Chalan No. date

I certify that all the employees who are liable to pay the tax in my employ during the period of return have been covered by the foregoing particulars. I also certify that the necessary revision in the amount of the tax deductible from the salary or wages of the employees on account of variation in the salary or wages by them has been made where necessary.

I, Shri solemnly declare that the above statements are true to the best of my knowledge and belief.

Place :

Signature

Date :

Status

Name of Employer

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