

The M.P. Vilasita, Manoranjan, Amod Evam Vigyapan Kar Niyam, 2011

MADHYA PRADESH

India

The M.P. Vilasita, Manoranjan, Amod Evam Vigyapan Kar Niyam, 2011

Rule

THE-M-P-VILASITA-MANORANJAN-AMOD-EVAM-VIGYAPAN-KAR-NIYAM of 2011

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The M.P. Vilasita, Manoranjan, Amod Evam Vigyapan Kar Niyam, 2011 Published vide Notification No. Fa-3-16-2011-1-5(24), M.P. Rajpatra (Asadharan), dated 1-4-2011 at pages 414 (33)-414 (64) In exercise of the powers conferred by Section 13 of the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011 (No. 11 of 2011) and all other enabling powers under the said Act, the State Government, hereby, makes the following rules, namely :-

1. Short title.

- These rules may be called the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Niyam, 2011.

2. Definitions.

- In these rules, unless the context otherwise requires, -(a) "Act" means the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011 (No. 11 of 2011); (b) "Form" means a form appended to these rules; (c) "Vat Act" means the Madhya Pradesh Vat Act, 2002 (No. 20 of 2002); (d) "Vat Rules" means the Madhya Pradesh Vat Rules, 2006; (e) Words and expressions used but not defined in these rules shall have the meaning assigned to them in the Vat Act or the Vat Rules, as the case may be.

3. Rate of charges per day for the purpose of sub-clause (i) of clause (k) of sub-section (1) of Section 2.

- Rate of charges per day for the purpose of sub-clause (i) of clause (k) of sub-section (1) of Section 2 shall be rupees two thousand.

4. Initiation of proceedings for determination of liability.

(1)The proceeding for determination of liability of a hotelier or a proprietor under sub-section (1) of Section 4 shall be initiated by issue of a notice in Form I.(2)The order determining the liability of a hotelier or a proprietor under sub-section (1) of Section 4 shall be in Form II. A copy of such order shall be served on the hotelier or proprietor, as the case may be, within thirty days from the date of passing that order.

5. Maintenance of accounts by a hotelier.

(1)Every registered hotelier shall maintain-(a)Information in Form III of residential accommodation and the tariff therefor in respect of his hotel;(b)Daily account in Form IV of occupation of residential accommodation in his hotel and collection of tax therefor, and(c)Monthly abstract in Form V of collection and payment of tax.(2)The registered hotelier shall maintain a separate bound register for each of the Forms specified in sub-rule (1).

6. Maintenance of accounts by a proprietor of Cinema Hall.

(1)Every registered proprietor of Cinema Hall shall maintain-(a)Information in Form VI of seating capacity and the charge therefor;(b)Daily account in Form VII of occupancy and collection of tax, and(c)Monthly abstract in Form VIII of collection and payment of tax.(2)The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (1).

7. Maintenance of accounts by a proprietor of Cable service.

(1)Every registered proprietor of Cable service shall prepare a subscriber's card in Form IX in duplicate. The first copy thereof shall be issued to the subscriber and the second copy shall be retained by the proprietor for his record.(2)Every registered proprietor of Cable service shall maintain-(a)a register in Form X of details of subscriber, service provider and the charge therefor;(b)Monthly abstract in Form XI of collection and payment of tax.(3)The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (2).

8. Maintenance of accounts by a proprietor of DTH service.

(1)Every registered proprietor of DTH service shall prepare a subscriber's card in Form IX in duplicate. The first copy thereof shall be issued to the subscriber and the second copy shall be retained by the proprietor for his record.(2)The registered proprietor shall send information in

Form XII to the appropriate Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf within whose jurisdiction his place of business is situated, along with the first quarterly return under the Act. In case of any change in the information, the registered proprietor shall send revised information in Form XII to the appropriate Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf within whose jurisdiction his place of business is situated within 30 days of the change.(3)Every registered proprietor of DTH service shall maintain-(a)a register in Form XIII of details of subscriber, service provider and the charge therefor.(b)Monthly abstract in Form XIV of collection and payment of tax.(4)The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (3).

9. Maintenance of accounts by a proprietor of Telecom service.

(1)The registered proprietor shall send information in Form XV to the appropriate Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf within whose jurisdiction his place of business is situated, along with the first quarterly return under the Act. In case of any change in the information, the registered proprietor shall send revised information in Form XV to the appropriate Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf within whose jurisdiction his place of business is situated within 30 days of the change.(2)Every registered proprietor of Telecom service shall maintain-(a)a register in Form XVI of details of subscriber, service provider and the charge therefor.(b)Monthly abstract in Form XVII of collection and payment of tax.(3)The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (2).

10. Maintenance of accounts by a proprietor of Luxuries.

(1)Every registered proprietor providing services and facilities in a Marriage Hall and catering services shall maintain-(a)Daily account in Form XVIII of details of luxury provided and the charge therefor.(b)Monthly abstract in Form XIX of collection and payment of tax.(2)The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (1).

11. Maintenance of accounts by a proprietor in relation to advertisements exhibited.

(1)Every registered proprietor in relation to advertisements exhibited shall maintain-(a)Daily account in Form XX of details of advertisements exhibited and the charge therefor.(b)Monthly abstract in Form XXI of collection and payment of tax. (2) The registered proprietor shall maintain a separate bound register for each of the Forms specified in sub-rule (1).

12. Furnishing of returns.

(1)Every registered hotelier or proprietor liable to pay tax under Section 3 of the Act shall furnish to the appropriate Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf within whose jurisdiction his place of business is situated, a return in Form XXII for every

quarter of the year within ten days of the expiry of such quarter. The return shall be accompanied by a copy of challan in proof of the payment of tax payable according to such return :Provided that a separate return for the period commencing from the date of coming in force of the Act and ending with the last day of the quarter in which the Act comes into force shall be furnished within fifteen days of the expiry of the said quarter.(2)In case of electronic filing of return, the verification of return shall be in Form XXIII.

13. Payment of tax.

(1)The tax payable under the Act shall be paid by challan,-(i)in Form XXIV into a Government treasury under the head "0023-Hotel Receipt Tax 101 Collection from Hotels which are companies/102 collection from Hotels which are not companies-800-other receipts", in case of a hotelier; and(ii)in Form XXVI into a Government treasury under the head "0045-other tax and duty on goods and services-101 entertainment tax-105 luxury tax-111 tax on advertisement exhibited in cinema theaters-800-other receipts", in case of a proprietor.(2)The e-receipt for payment through internet by a hotelier or a proprietor shall be in Form XXV and Form XXVII respectively.

14. Form of order of assessment.

- The order of assessment and/or penalty shall be in Form XXVIII.

15. Form of notice of demand.

- The notice of demand shall be in Form XXIX.

16. Grant of registration certificate.

(1)An application for obtaining a registration certificate under sub-section (1) of Section 10 of the Act shall be made in Form XXX.(2)A hotelier having places of business within the jurisdiction of more than one Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf shall make an application for grant of registration certificate separately to each such Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf in respect of each such places of business.(3)(a)On receipt of an application for grant of registration certificate, such Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf shall, if, he is satisfied that the application is in order, and the necessary particulars have been furnished, grant to the hotelier or the proprietor, as the case may be, a registration certificate in Form XXXI.(b)If such Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf finds that the application is not in order or that all necessary particulars have not been furnished he shall direct to furnish such additional information as may be considered necessary. After considering the additional information such Commercial Tax Officer or any other officer authorised by the Commissioner in this behalf shall grant to the Hotelier or the proprietor, as the case may be, a registration certificate in Form XXXI.

17. Repeal.

- The Madhya Pradesh Hotel Tatha Vas Grihon Me Vilas Vasluon Par Kar Niyam, 1988, the Madhya Pradesh Entertainments Duly and Advertisement Tax Rules, 1942, the Madhya Pradesh Cable Television Network (Exhibition) Rules, 1999 and the Madhya Pradesh Ke Cinemagrahon Ke Sudhar Evam Adhunikikaran Ke Liye Protsathan Yojna Niyam, 2006 are hereby repealed :Provided that such repeal shall not affect the previous operation of the said rules or anything done or any action taken thereunder.

Form - I[See Rule 4 (1)]Notice under sub-section (1) of Section 4 of the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011.

To, NameAddressTIN (if any)A proceeding to determine the tax liability under sub-section (2) of Section 4 of the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011 has been instituted against you. you are hereby required to produce before me the documents, accounts relating to your business and reply, if any, and/or furnish me with the following information at (place) on (date) (time) for the period from to

Seal Signature

Date Designation

*Strike out whichever is not applicable.

Form - II[See Rule 4 (2)]Order determining liability to pay tax under the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011

Date of Order

Name and address of Hotelier or* Proprietor

TIN (if any)

Date from which liable to pay tax under the

Madhya Pradesh Vilasita, Manoranjan, Amod

Evam Vigyapan Kar Adhinyam, 2011.

Your liability to pay tax under the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011, has been determined from the aforesaid date for the reasons given below:Reasons

Seal (Signed)

Date Designation

*Strike out whichever is not applicable.

Form - III[See Rule 5(1) (a)]Basic information of accommodation and charges

1. Name of Hotel

2. Address of the Hotel

3. Name of the proprietor

4. Name of the Managing Director/ Manager

5. TIN

6. Accommodation capacity and charge

Room No. of beds Charge

Type Single/ Double/ Suite/ others Number

(1) (2) (3)

Total

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - IV[See Rule 5(1) (b)]Daily account of occupancy of rooms and Collection of tax(Note : Separate entry should be made in respect of each person)

S.No. Name of guest Permanent Address Age

(1) (2) (3) (4)

Nationality Class Rate of charges for accommodation for residenceper day Arrival date, Time
(5) (6) (7) (8)

Departure date, Time Period of stay of each guest Total amount of charges for accommodation forresidence Charges paid by guest
(9) (10) (11) (12)

No. of guests who occupied the room oraccommodation in hotel No. and date of bill/ cash memo Amount of tax collected Remarks
(13) (14) (15) (16)

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - V[See Rule 5(1)(e)]Monthly abstract of collection and payment of taxName of the Hotel

.....

Month Total number of guests Total charges recovered for accommodation for residence Total tax collected
(1) (2) (3) (4)

Tax Paid Remarks

Amount Challan No. and date Balance
(5) (6) (7) (8)

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - VI[See Rule 6 (1) (a)]Basic information of Cinema Hall and charges

1. Name of Cinema Hall
 2. Address of the Cinema Hall
 3. Name of the proprietor
 4. Name of the Manager
 5. TIN
 6. Number of screens
 7. Seating capacity and charge
- (details be given screen wise, if more than single screen)

Class Number of seats Rate Number of shows permitted

(1) (2) (3) (4)

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - VII[See Rule 6 (1)(b)]Daily account of occupancy and collection of tax

1. Name of Cinema Hall
2. Address of the Cinema Hall
3. Name of the proprietor
4. TIN

Date & show time Class Number of seats occupied Rate Receipts Tax payable

(1) (2) (3) (4) (3) (6)

Total

Place..... Signature

Date Name and Designation

Form - VIII[See Rule 6 (1)(c)]Monthly abstract of collection and payment of tax

1. Name of Cinema Hall
2. Address of the Cinema Hall
3. Name of the proprietor
4. TIN

Month Total receipts Total tax collected Tax paid Challan No. and date Balance Remarks

(1) (2) (3) (4) (5) (6) (7)

Place..... Signature

Date Name

Designation

Form - IX[See Rules 7 (1) & 8 (1)]Subscriber's Card

Name and
address of

Cable
Television
Network*/
DTH

Service
Provider

TIN

Subscriber
Identity

No.
Date of
Issue

1. Name of subscriber
2. Full address of subscriber
- House No.
- Waid/ Mohalla
- Town
- District
3. Amount of service/ subscription charge
4. Signature of subscriber
5. Signature of Proprietor or Manager

Form - X[See Rule 7 (2)(a)]Register to be maintained by a proprietor of a cable service

Name of proprietor

Details of service

TIN

S. No.	Subscriber Identity No.	Name and address of subscriber	Name of service provided	Charge	Date from which service provided	Other details
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place..... Signature

Date Name

Designation

Form - XI[See Rule 7 (2)(b)]Monthly abstract of collection and payment of tax

Name of proprietor

Details of service

TIN

Month	Total number of subscribers	Total charges received for the service provided	Total tax collected	Tax paid	Challan No. & Date	Balance	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place..... Signature

Date Name

Designation

Form - XII[See Rule 8 (2)]Basic information of DTH service

1. Name of DTH service
2. Name of the proprietor
3. Name of the Manager
4. TIN

Name of entertainment package Charge Remarks

(1) (2) (3)

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - XIII[See Rule 8 (3)(a)]Register to be maintained by a proprietor of DTH service

1. Name of DTH service
2. Name of the proprietor
3. Name of the Manager
4. TIN

S. No.	Subscriber Identity No.	Name and address of subscriber	Name of service provided	Charge	Date from which service provided	Other details
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place..... Signature

Date Name

Designation

Form - XIV[See Rule 8 (3)(b)]Monthly abstract of collection and payment of tax

1. Name of DTH service
2. Name of the proprietor

3. Name of the Manager

4. TIN

Month	Total number of subscribers	Total charges received for the service provided	Total tax collected	Tax paid	Challan No. & Date	Balance	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place..... Signature

Date Name

Designation

Form - XV[See Rule 9(1)]Basic information of Telecom service

1. Name of Telecom service provider

2. Name of the proprietor

3. Name of the Manager

4. TIN

Name of entertainment Charge Remarks

(1) (2) (3)

Ring tones

Music

Videos

Movies

Animations

Games

Jokes

Contest

.....

The above statements are true to the best of my knowledge and belief.

Place..... Signature

Date Name

Designation

Form - XVI[See Rule 9 (2)(a)]Register to be maintained by a proprietor of Telecom service

1. Name of Telecom service provider

2. Name of the proprietor

3. Name of the Manager

4. TIN

S. No.	Telephone No.	Name and address of subscriber	Name of service provided	Charge	Date from which service provided	Other details
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place..... Signature

Date Name

Designation

Form - XVII[See Rule 9 (2)(b)]Monthly abstract of collection and payment of tax

1. Name of Telecom service provider
2. Name of the proprietor
3. Name of the Manager
4. TIN

Month	Total number of subscribers	Total charges received for the service provided	Total tax collected	Tax paid	Challan No. & Date	Balance	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place..... Signature

Date Name

Designation

Form - XVIII[See Rule 10 (1)(a)]Daily register to be maintained by a proprietor in respect of Luxury provided by a Marriage Hall/ Caterer

1. Name of Marriage Hall/ Caterer
2. Name of the proprietor
3. Name of the Manager
4. TIN

S. No.	Date	Name and address of customer	Name of Luxury provided	Receipt	Tax collected	Other details
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place..... Signature

Date Name

Designation

Form - XIX[See Rule 10 (1)(b)]Monthly abstract of collection and payment of tax

1. Name of Marriage Hall/ Caterer
2. Name of the proprietor
3. Name of the Manager
4. TIN

Month	Total number of customers	Total charges received for the service provided	Total tax collected	Tax paid	Challan No. & Date	Balance	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place..... Signature

Date Name

Designation

Form - XX[See Rule 11 (1)(a)]Daily register showing details of advertisementName of proprietor
.....TIN

S.No.	Date from which advertisement exhibited	Type of advertisement	Name and address of advertiser	Receipts	Tax collected	Other details
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place..... Signature

Date Name

Designation

Form - XXI[See Rule 11 (1)(b)]Monthly abstract of collection and payment of taxName of proprietor
.....TIN

Month	Total number of advertisements	Total charges received for the advertisementsexhibited	Total tax collected	Tax paid	Challan No. & Date	Balance	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Place..... Signature

Date Name

Designation

Form - XXII[See Rule 12 (1)]ReturnInitials of receiving clerk
.....

Part-A : Hotelier's/*Proprietor's
details

Name and address of Hotelier/

*Proprietor (Affix seal)

TIN

Period

From To
.....

Reasons for filling revised
returns (in case the return
beingfilled is a revised return)

Part-B : Turnover

- Actual receipts during the period*
- Deemed receipts of concessions
given on normal rates duringthe
period

3. Tax collected under the Act
4. Total turnover (1+2+3)

* in case of proprietor of DTH/
Telecom service, the information
in Part-I be given.

Part-C : Deductions

1. Receipts of rooms for which the
rates of charge are less than rupees
2000 per day.
2. Receipts on which tax is payable
under VAT Act, being supply of
food and drink
3. Tax collected under the Act
4. Any other deduction
5. Total of deductions (1 to 4)
6. Taxable turnover (B 4-5)

Part-D : Taxable turnover and tax
payable

{|

	Name of activity	Rate of tax	Taxable Turnover	Tax Payable
1.	Luxury provided in a hotel	10%		
2.	Other luxury	10%		
3.	Advertisement	10%		
4.	Entertainment	20%		
	Total			

| - | Part-E : Total amount payable | - | 1. | Tax payable | - | 2. | Add- excess of tax collected during the
period, to tax payable (if any) | - | 3. | Interest on delayed payment | - | 4. | Total amount payable
(1+2+3) | - | Part-F : Details of payments by challans | - |

Challan number Challan date Amount

Total

| - | Part-G : Other credits | - | 1. | Credits of excess payments in previous quarter | - | 2. | Any other
credit | - | 3. | Total (1+2) | - | Part-H : Adjustments | - | 1. | Total amount payable (D-4) | - | 2. | Total
payments by challans (E) | - | 3. | Total of other credits (F-3) | - | 4. | Total credit (2+3) | - | 5. | Credit
for this quarter | - | 6. | Credit carried over to next quarter | - | Part-I : Details of receipts in case of
proprietor of DTH/Telecom service | }

S. No.	No. of subscribers	Name of service provided	Charges received	Tax collected	Remarks
(1)	(2)	(3)	(4)	(5)	(6)

VerificationI (Name), being of the business firm do hereby declare and verify that the information and particulars given above in this return are based on the accounts maintained for the business and are true and correct to the best of my knowledge and belief.

Place..... Signature of

Date Hotelier/ *Proprietor

For Office Use onlyReturn for the quarter of F.Y.Submitted on : / /Delay (if any) (in days):Signature of ReceivingOfficial(Employee id :Return entered into applicationsoftware on : / /Signature of Data EntryOfficial(Employee id :)Acknowledgment

Return Form XXII Receipt Number Date : / /

Quarter of F.Y. TIN.....

Name of the Hotelier/ *Proprietorand address(Affix seal)Circle officeSignature of Receiving Official(Employee id :)Form - XXIII[See Rule 12 (2)]Return Verification FormOriginal/ Revised

Quarter/ month of TIN

F.Y.

Return for the period DD MM YYYY To DD MM YYYY

Name and address of theHotelier/* Proprietor(Affix seal)

E-filing Date DD MM YYYY

AcknowledgmentNumber

1. Total turnover
2. Deductions
3. Taxable turnover (1-2)
4. Tax payable
5. Add-excess of tax collected during the period, to tax payable(if any)
6. Interest for Late Payment (if any)
7. Total amount payable (4+5+6)
8. Total payments by challans
9. Total of other credits
10. Total credit (X+9)
11. Credit for this quarter
12. Credit carried over to next quarter

DeclarationI (Name) being of the above business firm do hereby declare that the information and particulars given in the return which has been transmitted electronically by me vide acknowledgment number mentioned above are true and correct to the best of my knowledge and belief.PlaceDateSignature of the builderFor Office Use only

Return verification form for the quarter/

month of F.Y.Submitted on : / / Signature of Receiving Official(Employee id:.....)

Entered into application software on: / / Signature of Data Entry Official(Employee id :.....)

AcknowledgmentReturn Verification Form XXIII Receipt Number.....Date / /quarter of F.Y. TIN.....Name of the Hotelier/ *Proprietor and address (Affix seal)Circle officeSignature

of Receiving Official(Employee id:.....)Form - XXIV(See Rule 13 (1)(i)]ChallanMadhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011(023-Hotel Receipt Tax-101 collection from Hotels which are companies/ 102 collection from Hotels which are not companies-800-other receipts)Challan of tax/penalty/Interest paid to.....Government treasury/sub-treasury/branch of bank of..... Under Rs. (in words).....

By whom tendered	Name and address of the hotelier or proprietor onwhose behalf money is paid and TIN (if any)	Payment on account	Amount (to be entered in figures)
(1)	(2)	(3)	(4)
		(a) Tax according to return forperiod from.....to.....(b) Tax demanded after assessmentfor the year.....case No. assessedby.....(c) Interest(d) Penalty(e) MiscellaneousTotal Rs. (in figures)	

Total Rs. (in
words)

Dated.....Signature of the Hotelier/Proprietor or DepositorFor use in the Treasury or Bank

1. Received payment of Rs.....(in figures)

Rs.....(in words)

2. Date of entry.....Challan No.....

Treasurer Accountant Treasury Officer/Agent or Manager

Form - XXI[See Rule 13 (2)]e-ReceiptElectronic Payment of Tax

TIN :(Tax Payers Identification Number)

Hotelier's Name :Address :

Name of Act :

Assessment/Concerning Year :

Name & Code of the Bank :

Name & Code of the Branch :

Challan No. : (For MPCTD)

Date of Transaction :Time of
Transaction :

Assessment/Concerning Period :

Purpose of payment :

Amount (In figures) :

Amount (In words)

(Not for MPCTD Purpose)CIN No. (Challan
IdentificationNumber) :Bank Reference No.

Form - XXVI(See Rule 13 (1)(ii)]ChallanMadhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhinyam, 2011(0045-other tax and duty on goods and services-101 entertainment tax-105 luxury tax-111 tax on advertisement exhibited in cinema theatres-800-other receipts)Challan of tax/penalty/Interest paid to Government treasury/sub-

treasury/branch of bank of..... Under Rs. (in words).....

By whom tendered	Name and address of the hotelier or proprietor on whose behalf money is paid and TIN (if any)	Payment on account	Amount (to be entered in figures)
(1)	(2)	(3)	(4)
		(a) Tax according to return for period from.....to.....(b) Tax demanded after assessment for the year.....case No. assessed by.....(c) Interest(d) Penalty(e) MiscellaneousTotal Rs. (in figures)	

Total Rs. (in words)

Dated.....Signature of the Hotelier/Proprietor or DepositorFor use in the Treasury or Bank

1. Received payment of Rs.....(in figures)

Rs.....(in words)

2. Date of entry.....Challan No.....

Treasurer Accountant Treasury Officer/Agent or Manager

Form - XXVII[See Rule 13 (2)]e-ReceiptElectronic Payment of Tax

TIN :(Tax Payers Identification Number)

Proprietor's Name :Address :

Name of Act :

Assessment/Concerning Year :

Name & Code of the Bank :

Name & Code of the Branch :

Challan No. : (For MPCTD)

Date of Transaction :Time of Transaction :

Assessment/Concerning Period :

Purpose of payment :

Amount (In figures) :

Amount (In words)

(Not for MPCTD Purpose)CIN No. (Challan Identification Number) :Bank Reference No.

Form - XXVIII[See Rule 14]Order of Assessment and/or penalty

Case Number

Period of assessment

Name and Address of Hotelier */Proprietor

TIN

Name of Assessing Officer and designation

Office

Date of Order

Selection with sub-section under which assessment made and/or penalty imposed.

Part A

Description As per return As per Computation Determined

1		Gross Turnover (GTO)
		[Total of subhead (i) to (iii)]
(i)		Actual receipts during the period
(ii)		Deemed receipts of concessions allowed/ given on normal rates during the period.
(iii)		Tax collected under the Act
2		Less deductions in respect of-
		[Total of subhead (i) to (v)]
(i)		Receipts of tariff, of rooms for which the tariff rates are less than rupees 2000 per day
(ii)		Receipts on which tax is payable under Vat Act. being supply of food and drink
(iii)		Receipts of tariff, of rooms for which the tariff rates are less than rupees 2000 per day
(iv)		Tax collected under the Act
(v)		Any other deduction
3		Taxable Turnover (1-2)

Part B : Computation of tax under Section 6 payable on Taxable Turnover (box 3 of Part A)

Name of activity	Rate of Tax	Taxable Turnover	Tax Determined
As per return	As per Computation		Determined
1	Luxury provided in a hotel	10.00%	
2	Other luxury	10.00%	
3	Advertisement	10.00%	
4	Entertainment	20.00%	
	Total		

Part C : Interest for Late Payment

Interest as per return/computation Interest levied

Part D : Penalty imposed

Under Section Penalty imposed

Total

Part E : Details of payments by challans

Challan number	Challan date	Amount
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Total

Part F : Other credits

1 Credits of excess payments in previous quarter

2 Any other credit

3 Total (1+2)

Part G : Adjustments

1. Total amount payable (B + C+D)

2. Total payments by challans (E)

3. Total of other credits (F-3)

4. Total credit (2+3)

5. Balance Payable/Refundable

Pay by Date

Within 30 days of receipt of Order

Pay at

Madhya Pradesh.....Treasury.

Seal & Signature Assessment Officer Form - XXIX [See Rule 15] Notice of demand for payment of tax, interest, penalty or any other dues To, Shri..... (Name of the Hotelier or Proprietor, as the case may be) Address..... TIN..... I. Take notice that; (i)*You have been finally assessed under the Madhya Pradesh Vilasita. Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011, to a tax of Rs..... (in figures) Rs..... (in words) for the period from..... to..... which is payable by you. (ii)*A penalty of Rs..... under section/*rule. has been imposed on you. (iii)*An amount of Rs..... as interest payable by you under section..... has been levied.

2. This *tax/*penalty/*interest includes

Rs...../..... already by you towards tax/*penalty/*interest and the balance is Rs.....

3. You are hereby directed to pay the sum of Rs..... (in figures) Rs..... (in words) only into the Government Treasury at on or before (date)..... and to produce the copy of the Challan in Form XXIV/*Form XXVI or e-Receipt in Form XXV/*Form XXVII in proof of payment before the undersigned not later than the..... day of..... failing which the said sum of Rs..... (in figures) Rs..... (in words) only shall be recovered from you as an arrear of hind revenue.

4. A copy of the assessment order/*order imposing penalty is attached.

Seal Date..... Signed..... Designation..... *Strike out whichever is not applicable. Form - XXX [See Rule 16 (1)] Application for grant of registration certificate For Office

Use TIN allotted To,.....(designation).....Circle I request to grant registration and issue a registration certificate for my firm/organization named.....under the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011. The particulars of my firm/organisation are given below:-Part-A : Basic Information

1	Name of Firm/Organization	
2	Full Address of Firm/Organization	House No.: Street/Complex: Village/Mohallah: Town/City: District: Ward No.: Pin Landmark- Phone No.: (O) (R) Mobile No.: Fax No.: Email: Website/URL:
3	Status of Firm/Organization	A- Proprietorship B- Partnership C- Private Limited D- Limited Company E- State Government Department F- State Government Undertaking G- Central Government Department H- Central Government Undertaking I- Co-operative society J- HUF K- Any other

		(mention details)
4	Full Address of Principal place of business	House No.: Street/Complex: Village/Mohallah: Town/City: District: Ward No.: Pin Landmark- Phone No.: (O) (R) Mobile No.: Fax No. : Email: Website/URL:
5	Nature of Business	
6	Main activity at principal place of business	
7	Full name of applicant	
8	Father's name of applicant	
9	Status of applicant in Firm/Organization	
10	Local address of applicant	House No. : Street/Complex: Village/Mohallah: Town/City: District: Ward No.: Pin Landmark- Phone No.: (O) (R) Mobile No.: Fax No. : Email: Website/URL:
11	Permanent address of applicant	House No. Street/Complex: Village/Mohallah: Town/City: District: Ward No.: Pin Landmark- Phone No.: (O) (R)

Mobile No.: Fax No. :

Email:

Website/URL:

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PAN of applicant

Part-B : Business

1

Date of
commencement of
business

2

Date of first
transaction of
operation

3

If operation has not
recommended,
probable date
of commencement

4

Total receipts, till
date, financial year
wise

5

Date of liability to
pay tax under the
Act

6

Description of
activity/activities of
business

7

Details of locations
of places activity
wise

House No.:

Street/Complex:

Village/Mohallah: Town/City:

District:

Ward No.:

Pin

Landmark-

Phone No.: (O)

(R)

Mobile No.:

Fax No. :

Email:

Website/URL:

8

Capital investment
in business

9

Source of investment

10

Details of previous
owners of the

business, if any.

Part-C: Details

of Proprietor/Partners/Directors/Co-parceners
of the Firm/Organisation

Name and father's Name	Status (* Proprietor/ Partners/ Directors.....)	Age	Local Address with telephone No.	Permanent Address with telephone No.	Extent of interest
(1)	(2)	(3)	(4)	(5)	(6)

PAN (if any)	Passport Number	Driving licence No.	Voter ID No.	Signature	Signature, name address of the person verifying the signature in column (11)
(7)	(8)	(9)	(10)	(11)	(12)

Part-D : Attested photographs of Proprietors/Partners/Directors/Coparceners of the Firm/Organization

Name	Name	Name	Name	Name	Name
.....

Signature Signature Signature Signature Signature Signature

.....

Part-E : Details of Bank Accounts

Account Number	Type of Account	Name of Bank and full address of branch
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Part-F : Details of Additional Places of Business

Within Madhya Pradesh	Outside of Madhya Pradesh
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Part-G : Details of registrations/licenses with other departments

Name of department/Act	Registration/License Number	Date of validity
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Part-H : Details of property and interest in some other business within State

Name of proprietor/ partners/other persons	Details of property owned with complete address and value	Registry No./Date	Registry Office (Address)	Details of other business with TIN and extent of share in it
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Part-I : Details of property and interest in some other business outside State

Name of proprietor/ partners/other persons	Details of property owned with complete address and value	Registry No./Date	Registry Office (Address)	Details of other business with TIN and extent of share in it
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Part-J : Details of Managers of different activities

Activity/location	Name and father's name of Manager	Address and Telephone No.	Signature
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Declaration I..... (Name), being of the business firm making this application do hereby declare that the information and particulars given above in this application are true and correct to the best of my knowledge and belief. Place :..... Date :..... Signature Part-K : Verification by two persons holding TIN under Vat Act or under this Act (1) I,..... s/o....., being authorized signatory of M/s..... holding TIN..... under this Act/*Vat Act do hereby declare that, I know the applicants of this application personally and I believe that particulars given in this application form are true and correct. Place..... Date..... (Signature) (2) I,..... s/o, being authorized signatory of M/s..... holding TIN..... under this Act/*Vat Act do hereby declare that, I know the applicants of this application personally and I believe that particulars given in this application form are true and correct. Place..... Date..... (Signature) Check List of Enclosures : Xerox of partnership Deed/memorandum of association/registration with department of company affairs/registration under Co-operative Society Act. Photographs of all co-applicants. Verification of 2 TIN holding persons. Xerox of Rental/lease agreement of the place of business. Xerox of Licence/Registration Certificates with other Department. Acknowledgement Received an application in Form XXX for grant of registration certificate under Section 10 of the Madhya Pradesh Vilasita, Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011 from Shri..... Place..... Date..... Signature of Receiving Official Employee id :..... Form - XXXI [See Rule 16 (3)] Registration Certificate TIN.....

1. This is to certify that M/s..... whose principal place of business is situated at..... (address), is registered as a Hotelier or* a Proprietor under the Madhya Pradesh Vilasita. Manoranjan, Amod Evam Vigyapan Kar Adhiniyam, 2011, with effect from..... (date)

2. The nature of business is :-

*(i) the activity of providing residential accommodation *(ii) the activity or providing entertainment *(iii) the activity of exhibiting advertisements *(iv) the activity of providing 'luxuries

3. The Hotelier or* Proprietor has additional places of business at

S.No. Name Address

Seal Date..... Signature Designation