



PROPERTY TAX RETURN, PUNJAB SELF ASSESSMENT FORM

Punjab Municipal Act 1911 /68(1) and Punjab municipal corporation under Act 1976/112-A (1)

MC KHARAR

| | | | | | | | | | | | |
|---------------------------------------------------|--------------------------------------------------------------------------------------------|-----------|---------------------|--------------|-------------------------------------------------------|----------------|------------|------------------|----------------------|-----------------------------------------------------------|--|
| FL. YR. | | Date | | | | | | | | Receipt No. & Amt. of tax deposited for the previous year | |
| * This document does not confirm ownership rights | | | Acknowledgement No. | | | | Plot Area | | | | |
| S.No. | Item Detail of person filing the Return- | | | | Information to be filled by the person depositing Tax | | | | | | |
| 1 | Name | | | | | | | | | | |
| | Name of Father / Husband Sh. | | | | | | | | | | |
| | Telephone / Mobile No. | | | | Ward No. | | | | | | |
| 2 | House / Property No. & Colony / Mohalla / Area | | | | | | | | | | |
| | Address for Correspondence | | | | | | | | | | |
| | Type of Property (* the appropriate) | | | | Residential | | Commercial | | Industrial | | |
| | Name of enterprises (If property is non-residential) | | | | | | | | | | |
| 3 | Floor | Structure | Occupancy | Covered Area | Rent | Collector Rate | Land Tax | Construction Tax | Property Tax | | |
| 4 | Total (Column 3) All Floor | | | | | | | | | | |
| 5 | Partial exemption, if any, the detail and Proof | | | | | | | | | | |
| | Category | | | | Proof | | | | | | |
| 6 | Amount of Tax after deducting the exemption of above column 5 | | | | | | | | | | |
| 7 | Fire Cess (only for non-residential properties) 5% of column 6 | | | | | | | | | | |
| 8 | | | | | | | | | Total (column 6 + 7) | | |
| 9 | If tax is being paid up to the date of rebate, then amount of rebate being 10% of column 6 | | | | | | | | | | |
| 10 | Any other due payment, if any + (Penalty) | | | | | | | | | | |
| 11 | Any other due payment, if any + (Interest) | | | | | | | | | | |
| 12 | Total Payable Amount (Column 8-column 9 + column 10 + column 11) | | | | | | | | | | |

I hereby certify that the information given in the form by me is true and correct and I am responsible for it. In case any fact is found incorrect, then I shall be bound by the directions issued by the competent authority and responsible for any legal action against me.

Signature of Assessee