

FORM -IV-C

Return of total turnover by casual (Dealer)

To

The Assistant Sales Tax Officer/Sales Tax Officer.

I..... Son of on behalf of the dealer Shri carrying on business known as furnish herewith the statement of total turnover for the said business during the period commencing from (date) at ending (date) and give the following connected particulars.

1. Status or relationship of the person who signs this return (Manager, Partner, Proprietor, Agent, etc.)
2. Name of the principal place of business (if any(s) of the State of Orissa) and address.
3. Name (s) of the other places of business

(if any, in the State of Orissa) and address of every such place(s)

4. Date of commencement of the business

Description of goods subject to the rate of tax Quantity	Value	Total Turnover	Tax due on the turnover	Tax provisionally paid	Balance	
1	2	3	4	5	6	7
At 1 percent						
At 2 percent						
At 3 percent						
At 5 percent						
At 7 percent						

I/We declare that to the best of my/our knowledge and belief the information in the above statement is true and complete.

Place Signature

Date Status/and relation to the dealer