Form No. 3

#### Expenditure Tax

[See Rule 5 Of Expenditure-Tax Rules, 1987]

Return Of Aggregate Of The Payments Received In Respect Of Chargeable Expenditure.

See section 8 of the Expenditure-tax Act, 1987 and rule 5 of the Expenditure-tax Rules, 1987

 Please follow enclosed instructions

 Use block letters only.

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| **1.** | | NAME OF ASSESSEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **2.** | | OFFICE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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|  | |  |  | |  | |  | |  | |  | | |  | | |  | | |  | |  |  | | |  | | |  | | |  | | |  | |  | |  | | |  | | |  | | |  | | | Receipt No. | Date | |
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|  | PIN | | |  | |  | |  | |  | | |  | | |  | | TELEPHONE | | | | | | |  | | |  | | |  | |  | | |  | |  | | |  | |  | | |  | | |  | | Seal and Signature of Receiving | |
|  | FAX, IF ANY | | | | | | | | | | |  | | |  | | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | | Official | | |

**3.**  NAME AND ADDRESS OF THE HOTEL(S)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PIN |  |  |  |  |  |  | TELEPHONE |  |  |  |  |  |  |  |  |  |  |

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|  | FAX, IF ANY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **4.**  PERMANENT ACCOUNT NUMBER |  |

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(if not applied for or not allotted, enclose Form 49A)

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| **5.** | WARD/CIRCLE/SPL. RANGE |  |  |  |  |  |  |  |  |

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**6.**  IF THERE IS CHANGE IN JURISDICTION, STATE OLD WARD/CIRCLE/SPL. RANGE

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| **7.** | ASSESSMENT YEAR |  |  |  |  | \_\_ |  |  |

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| **8.** WHETHER ORIGINAL |  | or Revised |  | Return ? |

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|  |  | If revised, Receipt No. |  |  |  |  |  |  | and |

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|  | date of filing original Return |  |  | \_ |  |  | - |  |  |  |  |

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| **9.** IS THIS YOUR FIRST RETURN ? Yes |  | No |  |

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PART – I

STATEMENT OF CHARGEABLE EXPENDITURE (IN RS.)

GROSS CHARGEABLE EXPENDITURE INCURRED IN A HOTEL ETC. IN CONNECTION WITH THE PROVISION OF :

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10.** | Any accommodation, residential or otherwise | 159 |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.** | Food or drinks by the hotel, whether at the hotel or outside | 160 |  |  |  |  |  |  |  |  |  |  |  |  |

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| **12.** | Food or drink by any other person at the hotel | 161 |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13.** | Any accommodation in the hotel on hire or lease | 162 |  |  |  |  |  |  |  |  |  |  |  |  |

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| **14.** | Any other services at the hotel by the hotel by way of beauty parlour, health club, swimming pool or other similar services | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  | | |  | |  | |  | | |  | |  | | | 163 |  |  | |  | |  |  | |  | |  | |  |  | |  | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **15.** | Any other services at the hotel by any other person by way of beauty parlour, health club, swimming pool or other similar services | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  | | |  | |  | |  | | |  | |  | | | 164 |  |  | |  | |  |  | |  | |  | |  |  | |  | |  |  | |

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| **16.** | Total | 165 |  |  |  |  |  |  |  |  |  |  |  |  |

#### PART-II

#### STATEMENT OF EXPENDITURE-TAX

###### A. Monthwise breakup of chargeable Expenditure-tax collected and paid

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | Chargeable expenditure | Tax payable on Chargeable expenditure | |  |  | | --- | --- | | Expenditure Tax | | | Collected | paid | | Interest payable u/s 14 | Interest u/s 14, if any, paid | Date of payment (DD-MM-YYYY) (Attach Challans) |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| April | 970 |  |  |  |  |  |  |  |
| May | 971 |  |  |  |  |  |  |  |
| June | 972 |  |  |  |  |  |  |  |
| July | 973 |  |  |  |  |  |  |  |
| Aug. | 974 |  |  |  |  |  |  |  |
| Sep. | 975 |  |  |  |  |  |  |  |
| Oct. | 976 |  |  |  |  |  |  |  |
| Nov. | 977 |  |  |  |  |  |  |  |
| Dec. | 978 |  |  |  |  |  |  |  |
| Jan. | 979 |  |  |  |  |  |  |  |
| Feb. | 980 |  |  |  |  |  |  |  |
| Mar. | 981 |  |  |  |  |  |  |  |
| Total | 982 |  |  |  |  |  |  |  |

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| B. | Total of Expenditure Tax and interest payable (total of column A.2 + A.3) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | | 983 |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | | | | | | | | | | | | | | |
| C. | Total of Expenditure Tax and interest paid (total of column A.4 + A.5) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | | 984 |  |  | |  | |  |  | |  | |  |  | |  | |  |  | |  | | | | | | | | | | | | | | |
| D. | Balance payable, if any (B-C) | 985 |  |  |  |  |  |  |  |  |  |  |  |  |

PART – III

OTHER SUMS NOT INCLUDED IN CHARGEABLE EXPENDITURE AND CLAIMED TO BE NOT TAXABLE

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| --- | --- | --- |
| Particulars | Amount (Rs.) | Reasons for the claim |
|  |  |  |

E. No. of documents/statements attached

|  |  |  |  |
| --- | --- | --- | --- |
|  | Description | In Figures | In words |
| a. | Challans |  |  |
| b. | Others |  |  |
|  |  |  |  |

**Verification\***

I (name in full and in block letters) son/daughter of being the (Designation) of (Name of the Hotel) solemnly declare that to the best of my knowledge and belief, the information given in this return and the annexures and statements accompanying it is correct, complete and truly stated and in accordance with the provisions of Expenditure-tax Act, 1987 in respect of expenditure chargeable for the year commencing on 1st day of April I further solmenly declare that during the said financial year, no other chargeable expenditure has been incurred in the hotel/restaurant/beauty parlour/health club/swimming pool or in respect of any other service to which the Act applies. I further declare that I am making this return in my capacity as

|  |  |  |  |
| --- | --- | --- | --- |
| Date : |  |  |  |
|  |  |  |  |
| Place : |  |  |  |
|  |  |  | Assessee’s Signature |

\*Before signing the verification, the signatory should satisfy himself that this return and the accompanying statements are correct and complete in all respects. Any person making a false statement, in this return, or the accompanying statements, shall be liable to prosecution under section 27 of the Expenditure-tax Act, 1987, and on conviction, be punishable with rigorous imprisonment for a term which shall not be less than three months but which may extend to seven years and with fine.