Form PCT - IV

Demand Register

See Rule 3 (4)

Name of District _____

Area _____

S. #	Name of the Assessee	Exact Address	Nature and Title of Business with S. No. shown in the Schedule	Rate of Tax	Year	Dues Payments		Balance Carried Forward		Remarks
						Balance from past year	Tax for current year	Penalty if any	Total amount	Ch. No. and Date