

**FORM - IV**

**Return  
( See sub rule (3) of rule 9 )**

Name of Department(Government)/  
local authority, company, firm, or other  
association of person .....

Assessment year .....

Name of the principal Officer .....

Sl. No.	Name of Employees	Gross income	Amount of tax payable	Amount realised	Dt. of payment into the treasury with challan	Remarks
1	2	3	4	5	6	7

Forwarded to the Superintendent of Taxes

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Signature of the principal officer.