

FORM 2A  
[See rule 3(3)(d)]

**Daily account of luxury provided in Banquet Hall or Gymnasium/Health Club or Spa and collection of tax**

Name and Address of Establishment:

Registration No.:

S. No.	Bill/Cash Memo No. and date	Description of luxury	Rate of charges levied for luxury
1.	2.	3.	4.

Total amount of charges realized	Total amount of non-taxable receipts	Total amount of taxable receipts	Amount of luxury tax collected	Remarks
5.	6.	7.	8.	9.

Signature.....  
Name.....  
Designation.....

Date:

I, .....(name) resident of .....  
do hereby solemnly affirm and say that the contents of the above Form are true to the best of my knowledge and belief.

Signature of Proprietor

Place:  
Date: