

FORM 3  
[See rule 3(3)(e)]

**Monthly abstract of collection and remittance of tax**

Name and Address of Establishment:

Registration No.:

Period:

S. No.	Categories of luxury	Total No. of the guest	Total charges recovered for luxury	Total Luxury Tax collected	Luxury tax paid to Government			Remarks
					Amount	Challan No. & date	Balance	
1.	2.	3.	4.	5.	6a.	6b.	6c.	7.
1.	Room Accommodation in a hotel							
2.	Banquet Hall							
3.	Gymnasium/ Health Club							
4.	Spa.							

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: