# Form PCT – IV

## Demand Register

See Rule 3 (4)

Name of District _____

Area _____

| S. # | Name of the Assesses | Exact Address | Nature and Title of business with S. No. Shown in the Schedule | Rate of Tax | Year | Dues Payment | | Balance Carried Forward | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Balance from past year | Tax for current year | Penalty if any | Total amount | Ch. No. and Date |
| | | | | | | | | | | |