

L. T. Form IV
Basic information relating to LT collected
Return for the calendar month

1. Name of Hotel:
2. Address of Hotel:
3. Telephone Number:
4. Name of proprietor:
5. Name of Managing Director/Manager:

Total no. of Guest	Total Room Rent received	Total LT Collected	Total LT deposited	Challan No & Date	Balance, if any	Remarks
Grand Total						

Signature:
Name:
Designation:

Dated:

I, the above named Sri, residing at, do thereby solemnly affirm and state that the contents of the above return are true according to the best of my information and belief.

Signature of Proprietor

Place:
Date: