|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proforma for Application for permission to file ST-3 Return electronically** | | | | | | | | | | | | |
|  |  |  |  |  |  |  | | |  | |  |  |
| To |  |  |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| The Assistant/ Deputy Commissioner | | | |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| Service Tax. | |  |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| **Subject: - Application for permission to file ST-3 Returns electronically.** | | | | | | | | | | | | |
|  |  |  |  |  |  |  | | |  | |  |  |
| (1) Name of Assessee : | | |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| (2) Category of service(s) : | | |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| (3) Service Tax Registration No. | | | |  | | | | | | | |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| (4) E-mail Address : | |  |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| (*Please give a trusted e-mail address to which the User-word and Pass-word for access to* | | | | | | | | | | | |  |
| *the E-filing of the return can be sent*) | | | | |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| (5)I/We request that I/We may be permitted to file my ST-3 Return electronically. I/We | | | | | | | | | | | |  |
| declare that I/We satisfy the conditions of Trade Notice No. 6/2003 Dated 1-4-2003 and shall | | | | | | | | | | | |  |
| observe the instructions given therein. | | | |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| I/We undertake to indicate my/our 15 digit STP Code in every challan used by me/us for | | | | | | | | | | |  |  |
| remitting Service Tax in Banks. | | |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| If any difficulty is faced in filing the return electronically and get the acknowledgement from | | | | | | | | | | | |  |
| the computer within one month from the due date, I/we shall file manual returns as was done | | | | | | | | | | | |  |
| hitherto. |  |  |  |  |  |  | | |  | |  |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| Date : Name and signature of the assessee | | | | | | | | | | | |  |
|  |  |  |  |  |  |  | | |  | |  |  |
| Place : | Designation with seal. | | | | | |  |  | |