FORM XVI

[See rule 12(10)]

Profession Tax Account Register

For the month of, 20......

Name of the employ ee	(a) Basic pay (b)Spe cial pay (c) Other pay (if any)	(a)Dearn ess allowanc e (b) Addl. Dearness allowanc e	(a) House rent (b) Medical allowance (c) Overtime allowance (d) Honora rium (e) Non-practi sing allowance payable to Medical Officers	(a)Offici ating allowanc e (b) Cycle allowanc e (c) Medical Allowan ce (d)Cash Allowan ce (e) Charge Allowan ce (f) Night Shift / Factory allowanc e	(a)Encash ment of leave (b) Any other payment received by the employee (including voucher payment)	Gross Salary (2+3+4+ 5+6)	(a) Medical reimbursement (b) Travelling allowance (c)Reimbursement of conveyance charge (d) Leave travel assistance / payment (e) Bonus (please mention if paid separately)	Allowed (a)Stipend paid to trainees (b) Salary paid to apprentice s (c) Lay off compensation	Net Sala ry (7-(8+9))	Professi on Tax payable	Professi on Tax Paid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)