|  |  |  |  |
| --- | --- | --- | --- |
| Particular | Number | User ID | Password |
| For VAT Return |  |  |  |
| For IT Return |  |  |  |
| For TDS Return |  |  |  |
| For LBT Return |  |  |  |
| For ST Return |  |  |  |
| For PTEC  |  |  |  |
| For PTRC  |  |  |  |
| CIN No. |  |  |  |
| Digital Signature |  |  |  |

**Password**

Client Name Status

 Pro / Partner Contact

Mobile No. DoB / Dol

Address

E-mail

Key Person Mobile No.

**Enter Firm Name**

Other Details

VAT Form Period IT Mobile No.

IT Email ID

|  |
| --- |
| **Check List (please, if applicable )** |

 Accounting Tax Audit VAT Audit TDS Return

 ST Return IT Return VAT Return LBT