FORM NO. II

[See rule 7, 8, 11, 28 (1)(a)(ii) and 30]

Name of the cinema house:……..

Place of entertainment :…….

SHOW REGISTER

Programme exhibited

Feature day						Date:				
FIRST SHOW										
Class	Rate	Serial No. of tickets issued			No. of tickets sold	No. of persons admitted under section 5 of the Orissa Entertainment Tax Act.	Amounts received on account of tickets sold		Amount of entertainment tax	
		Book No.	From	To						
1	2	3	4	5	6	7	8		9	
							Rs.	P.	Rs.	P.

Whether

SECOND SHOW								
Serial No. of tickets issued			No. of tickets sold	No. of persons admitted under section 5 of the Orissa Entertainment Tax Act.	Amounts received on account of tickets sold		Amount of entertainment tax	
Book No.	From	To						
10	11	12	13	14	15		16	
					Rs.	P.	Rs.	P.

THIRD SHOW									
Serial No. of tickets issued			No. of tickets sold	No. of persons admitted under section 5 of the Orissa Entertainment Tax Act.	Amounts received on account of tickets sold		Amount of entertainment tax		Remarks
Book No.	From	To							
17	18	19	20	21	22		23		24
					Rs.	P.	Rs.	P.	

FOURTH SHOW									
Serial No. of tickets issued			No. of tickets sold	No. of persons admitted under section 5 of the Orissa Entertainment Tax Act.	Amounts received on account of tickets sold		Amount of entertainment tax		Remarks
Book No.	From	To							
25	26	27	28	29	30		31		32
					Rs.	P.	Rs.	P.	

FIFTH SHOW									
Serial No. of tickets issued			No. of tickets sold	No. of persons admitted under section 5 of the Orissa Entertainment Tax Act.	Amounts received on account of tickets sold		Amount of entertainment tax		Remarks
Book No.	From	To							
33	34	35	36	37	38		39		40
					Rs.	P.	Rs.	P.	
				Total					

Shows	No. of person admitted under section 5 of the Orissa Entertainment Tax Act	Amount received					
		Net price of tickets		Tax		TOTAL	
1	2	3		4		5	
		Rs.	P.	Rs.	P.	Rs.	P.
First Show							
Second Show							
Third Show							
Fourth Show							
Fifth Show							
TOTAL							
Total till the previous day :							
Progressive total of the month :_____							