

**APPLICATION FOR TOT REGISTRATION****FORM TOT 001**

[ See Rule 4 (2) ]

Submit in duplicate  
Use separate sheets where space is not sufficient.

To  
The Asst. Commercial Tax Officer,  
\_\_\_\_\_ Circle.

Affix Passport Size  
Photo of Sole  
Proprietor. In case  
of Partnership firm/  
Companies/others  
Affix photos of  
responsible persons  
on 001 B

01. Name of the dealer : APGST No. if any :	
02. Address of Place of business :	Door No : Street Locality Town/City District Pin Code Phone No : Fax No : Email : Website/URL :
03. Occupancy Status of the business premises : Owned/Rented/Leased/Rent-free/Others	
04. Status of business : (Mark "□" where applicable) Sole Proprietorship Partnership Private Limited Company Public Limited Company Govt. Enterprise Others (Specify)	
05. Name Residential address of the person responsible for business :	Name : Father's/Husband's Name : Date of Birth : Door No. Street Locality Town/City District Pin Code Phone No Fax No. Email :
06. Nature of Principal business activities :	
07. Principal Commodities traded :	
08. Bank Account Details :	
<u>Bank Name</u> :	<u>Branch &amp; Code</u> <u>Account No.</u>
1.	
2.	

09. Income Tax Permanent Account Number : (PAN)	
10. Address of additional places of business/Branches/Godowns in A.P. Use form 001A	
11. Particulars of Partners/Directors/ Responsible person of the business : Use form 001B	
12. Taxable Turnover of your business for the last 12 consecutive months :	
13. Estimated taxable turnover of your business for next 12 consecutive months :	
14. Date on which taxable turnover for 12 consecutive months exceeded Rs. 5 lakhs	
15. Registration Number (if any under Profession Tax Act)	

**Declaration :**

I \_\_\_\_\_ S/o \_\_\_\_\_  
Status \_\_\_\_\_ of the above enterprise hereby  
declare that the particulars given are true and correct to the best of my  
knowledge and belief. I undertake to notify immediately to the registering  
authority of any change in any of the above particulars.

Signature with Stamp.

Date of application

**FOR OFFICE USE ONLY**

16. Date of receipt of application :
17. Effective date of registration :
18. Date of certification by Registering Authority :
19. Date of refusal of registration by Registering Authority :
20. General Registration Number :

**FORM TOT 001A**

**ADDRESSES OF ADDITIONAL PLACES OF BUSINESS/  
BRANCHES/GODOWNS IN ANDHRA PRADESH**

**Name of the Dealer :**

- 1) Fill in the addresses of Additional Places of Business/Branches/ Godowns in the spaces provided for.
- 2) Strike off Additional Places of Business/Branches/Godowns whichever is not applicable.

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

01. Address _____ _____	
Pin Code No:	Telephone No:
Signature _____	Date _____

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

02. Address _____ _____	
Pin Code No:	Telephone No:
Signature _____	Date _____

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

03. Address _____ _____	
Pin Code No:	Telephone No:
Signature _____	Date _____

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

04. Address _____ _____ _____	
Pin Code No: _____	Telephone No: _____
Signature _____	Date _____

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

05. Address _____ _____ _____	
Pin Code No: _____	Telephone No: _____
Signature _____	Date _____

**ADDITIONAL PLACE OF BUSINESS/BRANCH/GODOWN**

06. Address _____ _____ _____	
Pin Code No: _____	Telephone No: _____
Signature _____	Date _____

**FORM TOT 001B****PARTICULARS OF PARTNERS/DIRECTORS/PERSONS  
RESPONSIBLE (AUTHORISED) FOR THE BUSINESS****Name of the Dealer :**

- 1) Fill in the details for each Partner/Director/Responsible Person separately in the boxes provided for. Please use BLOCK LETTERS and write clearly.
- 2) Strike off Partners/Directors/Responsible Persons whichever is not applicable.

Affix Passport size Photo of Partner/Director/ Person Responsible
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**PARTNERS/DIRECTORS/PERSONS RESPONSIBLE DETAILS**

1.	Full Name	
2.	Father's/Husband's Name	
3.	Date of Birth	
4.	Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (in case of Directors in Limited Companies)/Status & function of Person Responsible (Authorised) for the business.	
5.	Other business interests in the State (Please specify)	
6.	Other business interests outside the State (Please specify)	
7.	Present Residential Address : Telephone No : e-mail :	
8.	Permanent Address : Telephone No.	
9.	Income Tax Permanent Account Number (PAN)	

**Signature****Date :**

Affix Passport size  
Photo of  
Partner/Director/  
Person  
Responsible

**PARTNERS/DIRECTORS/PERSONS**  
**RESPONSIBLE DETAILS**

1. Full Name	
2. Father's/Husband's Name	
3. Date of Birth	
4. Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (in case of Directors in Limited Companies)/Status & function of Person Responsible (Authorised) for the business.	
5. Other business interests in the State (Please specify)	
6. Other business interests outside the State (Please specify)	
7. Present Residential Address : Telephone No : e-mail :	
8. Permanent Address : Telephone No.	
9. Income Tax Permanent Account Number (PAN)	

**Signature**

**Date :**

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM TOT 003**

**TURNOVER TAX REGISTRATION CERTIFICATE**

[ See Rule 10 (c) ]

This is to confirm that M/s \_\_\_\_\_ is registered for turnover tax undersub-section 7 of Section 17 of the Andhra Pradesh Value Added Tax Act 2005 in the \_\_\_\_\_ Circle \_\_\_\_\_ Division

His General Registration Number is 

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

His place of business is situated at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

His additional place of business is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This certificate is valid from \_\_\_\_\_.

Date of Issue \_\_\_\_\_.

**ASST. COMMERCIAL TAX OFFICER  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

<b>FORM TOT 005</b>
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**SUO MOTU REGISTRATION FOR TURNOVER TAX**

[ See Rule 11 (1) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02. Name _____ Address: _____ _____
---

Please refer to this office notice for General Registration issued in Form TOT 006 on \_\_\_\_\_. We have not received any reply from you against the proposal for General Registration.

This letter is to advise that you have been registered for Turnover Tax. Enclosed herewith is your TOT Registration Certificate and your General Registration Number is.

02	GRN				
----	-----	--	--	--	--

You should note that you are required to make quarterly returns and pay tax at the rate of 1% of your quarterly taxable turnover.

I also enclose VAT leaflet 03 which explains Turnover Tax and your obligations.

If you require further information or wish to register voluntarily for VAT you should contact this office.

You have right to appeal against this order within 30 days of date of receipt of this order.

**ASST. COMMERCIAL TAX OFFICER  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

- Encl : 1. TOT Registration Certificate.  
2. Leaflet 03.



**FORM TOT 007**

**RETURN OF TURNOVER TAX (QUARTERLY)**

[ See Rule 23 (2) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Period covered by Return				
From		To		
04. Name :				
Address :				
05. Taxable Turnover for the period mentioned at Sl. No : 03 above				
06. Turnover tax @ 1%				
07. Adjustments, if any, with details :				
08. Payment to be made				
09. Details of payment :				
Challan/ Instrument No.	Date	Bank/Treasury	Branch Code	Amount

**10. Declaration**

Name _____ S/o / D/o _____ being (title) _____ of the above enterprise do hereby declare that the information given on his documents is true and correct. Signature & Stamp _____ Date of declaration _____
---

**Please Note :**

This return shall be filed quarterly along with tax due on or before end of the month following the quarter ending June, September, December and March of every year.

FOR OFFICE USE ONLY :

Amount of TOT paid Rs. \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Instrument of payment.

Signature of Receiving Officer with stamp.

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM TOT 010**

**UNILATERAL ASSESSMENT FOR FAILURE  
TO FILE A TOT RETURN**

[ See Rule 25 (3) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

There is no record of the receipt in the Tax Department of your TOT Return for the quarter year ending \_\_\_\_\_ due by \_\_\_\_\_ .

The Tax Office has accordingly unilaterally assessed the tax payable by you for this period as \_\_\_\_\_. In addition the law requires that you pay \_\_\_\_\_ % of this amount as a penalty \_\_\_\_\_

Total due to the Tax Office Rs. \_\_\_\_\_

This tax must be paid by \_\_\_\_\_ unless you file the tax Return that is due and pay the tax declared on the return. If you file the outstanding return in the Tax Office and pay the tax due by \_\_\_\_\_, this unilateral assessment will be withdrawn.

**IF YOU HAVE ALREADY FILED A RETURN AND PAID THE TAX DUE YOU SHOULD NOTIFY THE TAX OFFICE WITHOUT DELAY.**

Failure to make payment of this unilateral assessment will result in collection measures being taken as provided for in the APVAT Act 2005.

**DO NOT ADJUST ANY FUTURE TOT RETURN TO ACCOUNT FOR THE TAX SHOWN ON THIS NOTICE OF ASSESSMENT.**

**DY. COMMERCIAL TAX OFFICER,  
\_\_\_\_\_  
CIRCLE,  
\_\_\_\_\_  
DIVISION.**

Note: Complete in duplicate.

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 012**

**DEMAND FOR UNPAID TAX**

[ See Rule 24(4) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Office record indicates that TOT that was due on the following dates remains unpaid.

**DATE DUE      ASSESSMENT/RETURN      AMOUNT OUTSTANDING**

You should contact the Tax Office, within 15 days to arrange payment for the total amount outstanding.

You are reminded that any amounts of tax outstanding after the legal date for payment shall be liable to a penalty of \_\_\_\_\_ percent of the amount of the late payment and interest will be charged at the rate of 1% per month for each day that the payment is delayed.

YOU ARE REMINDED THAT THE APVAT ACT 2005 EMPOWERS THE TAX DEPARTMENT TO CONFISACATE AND SELL YOUR GOODS TO RECOVER THE UNPAID TOT.

You have the right to appeal against this decision.

**DIPUTY COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE,**  
\_\_\_\_\_ **DIVISION.**

Note: Complete in duplicate.

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM TOT 013**

**NOTICE OF COMPULSORY CANCELLATION OF  
TOT REGISTRATION**

[ See Rule 15(5) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I have to advise you that it is proposed to cancel your TOT registration with effect from / / because :

- \* You have no fixed place of abode or business.
- \* You are not, in the opinion of the CT Department, a fit and proper person to be registered for TOT.
- \* Specify any other reasons \_\_\_\_\_
- \* You are required to file a final TOT return in Form TOT 007 for the period ending \_\_\_\_\_ and pay the TOT due.

You are requested to file your written objections, if any along with documentary evidence within 10 days of the notice failing which the proposal as stated above will be confirmed without any further notice in the matter.

**ASST. COMMERCIAL TAX OFFICER,  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

\* Strike off which is not applicable.

**FORM TOT 014****APPLICATION TO CANCEL TOT REGISTRATION**

[ See Rule 15(1) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 GRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

03. Name _____
Address: _____
_____

I apply to cancel my TOT registration from 

04	Date: <input type="text"/>
----	----------------------------

Reason(s) for the cancellation of registration: 

05	Date: <input type="text"/>
----	----------------------------

- (i) My business closed on:
- (ii) My taxable turnover for the last twelve consecutive months is less than Rs. 3,75,000/--.
- (iii) My taxable turnover for the last 12 consecutive months has crossed Rs. 40,00,000/-.
- (iv) My taxable turnover for the last three consecutive months has crossed Rs. 10,00,000/-.
- (v) I require CST registration for my business and intend to also apply for VAT registration.
- (vi) Specify any other reason.

**06. DECLARATION :**

I (Name) ..... being (Title) ..... of the above enterprise do hereby declare that the information given in this form is true and correct and I apply for the cancellation of my registration.

Signature & Stamp ..... Date of Declaration 

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**FOR OFFICE USE ONLY**

Date application received 

07	
----	--

Check arrears of TOT .....

Confirmation from Return Processing Section - Tax Arrears .....

Final Return Received ..... YES/NO

Date of cancellation 

08	
----	--

RECEIVING OFFICER	ASST. COMMERCIAL TAX OFFICER
-------------------	------------------------------

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 015**

**NOTICE OF CANCELLATION OF TOT REGISTRATION**

[ See Rule 15 (3) ]

01. Tax Office Address :
.....
.....
.....

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____
Address: _____
_____

It is confirmed that your TOT registration has been cancelled with effect from \_\_\_\_\_. Your are reminded that should your taxable turnover exceed the registration threshold limits in the future, you must apply for registration.

ASST. COMMERCIAL TAX OFFICER,  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.



**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM TOT 016**

**REFUSAL TO CANCEL TOT REGISTRATION**

[ See Rule 15 (4) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____ Address: _____ _____
---

I wish to inform you that your application vide Form TOT 14 to cancel your TOT registration is refused because :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must continue to charge TOT on your sales, issue invoices when appropriate, maintain books and records, file TOT returns and pay the tax due for every calendar quarter.

You have the right to appeal against this order within 30 days of date of receipt of this order.

**ASST. COMMERCIAL TAX OFFICER,  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 017**

**REFUSAL OF REGISTRATION FOR TURNOVER TAX**

[ See Rule 11 (2) ]

01. Tax Office Address :
.....
.....
.....

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____
Address: _____
_____

I acknowledge your application for Registration for Turnover Tax under APVAT Act 2005. On scrutiny of your application, it is noticed that you are not entitled for General Registration for the following reasons \_\_\_\_\_

\_\_\_\_\_

Accordingly, I refuse to register you under APVAT Act 2005.

You have the right to appeal against this order within 30 days of date of receipt of this order.

**ASST. COMMERCIAL TAX OFFICER,  
TOT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 025**

**ASSESSMENT OF TURNOVER TAX**

[ See Rule 25 (6) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	GRN																	
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Following examination of your records on \_\_\_\_\_ and the issue of Form TOT 025A on \_\_\_\_\_ the correct amount of TOT under the provisions of APVAT Act 2005 has been established as follows.

\* This has resulted from :—

1. Your agreement at the time of visit on \_\_\_\_\_
2. After consideration of your reply received in this office on \_\_\_\_\_
3. Your failure to respond to the notice issued on Form TOT 025A on \_\_\_\_\_

The total amount payable by you is explained below :

Period (Quarter ending)	Particulars of tax	Tax declared /net credit claimed	Tax Found to be due/ net credit due	Tax Over declared Due to dealer	Tax under declared Due to Tax Department	Penalty ..... %	Interest @ 1% of ..... month(s)	Total Due to Tax Department

**Total amount due to Tax Department**

**See reverse for explanation**

Complete in duplicate.

\* Delete as appropriate

Explanation of the above proposals :

\* **A** The amount of \_\_\_\_\_ shall be paid within 30 days of receipt of this order.

Failure to make the payment will result in recovery proceedings under the APVAT Act 2005.

\* **B** Your refund claim is reduced to \_\_\_\_\_ and this amount will be refunded to you.

**THE PAYMENT OF THE AMOUNT SPECIFIED AT 'A' ABOVE MUST BE MADE TOGETHER WITH DUPLICATE COPY OF THIS ORDER AND PAYMENT BOXES ON THAT COPY COMPLETED.**

An appeal against this order can be filed before the Appellate Deputy Commissioner within 30 days of receipt of this order.

**DY . COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE.**

ON DUPLICATE COPY OF THE ORDER

Payment details :

Challan/ Instrument No.	Date	Bank/Treasury	Branch Code	Amount

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM TOT 025A**

**NOTICE OF ASSESSMENT OF TURNOVER TAX**

[ See Rule 25 (6) ]

01. Tax Office Address :  
.....  
.....  
.....

Date      Month      Year  
\_\_\_\_\_

02 GRN | | | | | | | | | | | | | |

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Examination of your records on \_\_\_\_\_ has shown that the correct amounts of Turnover Tax have not been declared in the TOT returns listed below. Under the provisions of APVAT Act 2005 the following tax amounts are proposed to be assessed for the tax period shown below.

Period (Quarter ending)	Particulars of tax	Tax declared /net credit claimed	Tax Found to be due/ net credit due	Tax Over declared Due to dealer	Tax under declared Due to Tax Department	Penalty ..... %	Interest @ 1% of ..... month(s)	Total Due to Tax Department

**Total amount due to Tax Department** \_\_\_\_\_

Complete in duplicate.

**Explanation for the above proposals :**

If you have any objections to the assessment proposed above, you are requested to file written objections along with documentary evidence if any, within 7 days of date of this notice failing which orders will be passed without any further notice in the matter.

**DY. COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 030**

**CLAIM FOR REFUND BY TOT DEALER**

[ See Rule 35 (1) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 GRN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

03. Name _____ Address: _____ _____
---

I / We \_\_\_\_\_ claimants (s)  
of refund do hereby declare that the refund is sought :

***(Tick whichever is applicable)***

- (1) In pursuance of an order of assessment.
  - (i) Number and date of order of assessment.
  - (ii) Date of notice of final assessment and refund order.
  - (iii) Amount of refund order.
- (2) In pursuance of order passed in appeal or revision.
  - (i) Number and date of order of the appellate or revisional authority.
  - (ii) Date of revised notice of final assessment and refund order.
  - (iii) Amount of refund due.
- (3) On Cancellation of registration.

<p><b>Declaration :</b> I (Name) _____ Status (Title) _____ of the above business hereby declare that the information given in this form is true and correct. Signature of the claimant Signature of the authorised Representative if any. _____ Date of declaration _____</p>
--

**VERIFICATION**

I / We \_\_\_\_\_ claimant(s)  
of refund do hereby declare that what is stated herein is true to the best of  
my / our knowledge and belief. Verified today the \_\_\_\_\_ day of  
\_\_\_\_\_ 200 .

**Signature of the claimant**  
**Signature of the authorised representative if any.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM TOT 051**

**APPLICATION NOTIFYING CHANGE IN  
TOT REGISTRATION**

[ See Rule 13 (1) & 13 (3) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	GRN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2(a) Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

	Present	Proposed	With effect from
03. Change in Name :			

	Present	Proposed	With effect from
04. Change in Address of Place of Business :			

	Present	Proposed	With effect from
05. Change in address of Branches / godowns:			

	Present	Proposed	With effect from
06. Change in Legal Status :			

(Use separate sheet to furnish the details of new persons & out going persons as applicable)



**\* Use additional sheets wherever space provided is not sufficient**

07. My business activities / Principal Commodities traded have changed in the following respect :

(a) Change in Business activities : \_\_\_\_\_

(b) Principal Commodities now traded are : \_\_\_\_\_

08. My new Bank account details are herewith furnished

Bank Name :- \_\_\_\_\_

Branch Name & Code :- \_\_\_\_\_

Account Number :- \_\_\_\_\_

**09. Declaration :**

I (Name) ..... Status (Title) ..... of the above business hereby declare that the information given in this form is true and correct.			
	Date	Month	Year
	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Signature & Stamp _____	Date of Declaration		

**FOR OFFICE USE**

10. Date of Receipt of Form TOT 051

11. Date of issue of Form TOT 001 (liability for new TOT registration)  
 (in case of proposal in box 6)

12. Date of issue of Form TOT 003 (TOT Registration Certificate)  
 (in case of proposals in boxes 3,4, & 5)

13. Date of recording in TOT registration and in the TOT Dealer file.

**ASST. COMMERCIAL TAX OFFICER  
 TOT REGISTERING AUTHORITY**

**FORM VAT 100****APPLICATION FOR VAT REGISTRATION**

[ See Rule 4 (1) ]

Submit in duplicate

Use separate sheet where space is not sufficient.

Affix Passport Size  
Photo of Sole  
Proprietor. In case  
Partnership firm/  
Companies/others  
Affix photos of  
responsible persons  
on VAT 100B

To  
The Commercial Tax Officer,  
VAT Registering Authority,  
\_\_\_\_\_ Circle.

01. Name of the business to be registered :		
02. Address of Place of business :	Door No :	Street
	Locality	Town/City
	District	Pin Code
	Phone No :	Fax No :
	Email :	Website/URL :
03. Occupancy Status : Owned/Rented/Leased/Rent-free/Others		
04. Name & Address of the Owner of business (Residential Address of the Person responsible ie., Managing Partner/Managing Director for business).	Name :	Date of Birth :
	Door No.	Street
	Locality	Town/City
	District	Pin Code
	Phone No.	Fax No.
	Email :	
05. Status of business : (Mark "□ " where applicable)		
Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Co., <input type="checkbox"/>		
Public Ltd Company <input type="checkbox"/> Govt. Enterprise <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		
06. Nature of Principal business activities :		
07. Principal Commodities traded :		
08. Bank Account Details :		
<u>Bank Name</u> :	<u>Branch &amp; Code</u>	<u>Account No.</u>
1.		
2.		
3.		

09.	Income Tax Permanent Account Number : (PAN)		
10.	Address of additional places of business/Branches/Godowns (including those outside A.P) : Use form VAT 100A		
11.	Particulars of owner/Partners/Directors etc., : Use Form VAT 100B		
12.	Language in which books are written :		
13.	Are your accounts computerised :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14.	Date of first taxable sale	Date	Month      Year
15.	Turnovers of taxable sales of goods including zero rate in :		
	(a)	The last 3 months : Rs.	
	(b)	The last 12 months : Rs.	
16.	Anticipated turnovers of taxable sales of goods including zero rate in :		
	(a)	The next 3 months Rs.	
	(b)	The next 12 months Rs.	
17.	Anticipated Turnover of exempted sales of goods and transactions in the next 12 months		
18.	Are you applying for voluntary registration :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19.	Are you applying for registration as Start up Business :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20.	Indicate your GRN Number, if any : Have you applied for CST Registration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21.	Registration Number (if any Under Profession Tax Act) :		
22.	Do you expect your input tax to regularly exceed your output tax ? If yes Why ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23.	Are you applying for registration in response to a notice by the Tax Officer ? If yes, indicate the Notice number.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24.	Any other relevant information like are you availing Tax incentives ? If so write details.		

**Declaration :**

I \_\_\_\_\_ S/o \_\_\_\_\_  
 Status \_\_\_\_\_ of the above enterprise hereby declare that the particulars given are correct and true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars.

Date of application

Signature with Stamp

**FOR OFFICE USE ONLY**

25. Date of receipt of application	
26. Activity / Commodity Code	
27. Exempt Indicator	
28. Voluntary Registration Indicator	
29. Start up Business Indicator	
30. CST Indicator	
31. Refund Indicator	
32. Works Contract Indicator.	
33. Suo motu Registration Indicator.	
34. Special Rates – Schedule - VI goods Indicator	
35. Tax Incentives Indicator	
36. Date of issue of Registration Certificate	
37. Effective date of Registration	
38. Date of refusal of Registration	
39. Taxpayer Identification Number (TIN) :	

**Processing Authority****Name****Designation****Registering Authority****Name****Designation****IMPORTANT :**

- (a) Copy of Proof of Identity of the sole Proprietor / Managing Partner / Managing Director / responsible person for the business like copy of Passport, voter Identity card, Proof of Bank Account, Credit Card, Ration Card, Driving License etc., must be enclosed.
- (b) Please fill in and enclose Form VAT 100A and 100B if found necessary.
- 25 to 39 : For Office use only.

**FORM VAT 100A**

**ADDRESSES OF ADDITIONAL PLACES OF BUSINESS/  
BRANCHES/GODOWNS IN ANDHRA PRADESH**

Name of the business : \_\_\_\_\_

01. Address _____ _____	
Pin Code No: _____	Telephone No: <input type="text"/>
Signature _____	Date _____

02. Address _____ _____	
Pin Code No: _____	Telephone No: <input type="text"/>
Signature _____	Date _____

03. Address _____ _____	
Pin Code No: _____	Telephone No: <input type="text"/>
Signature _____	Date _____

**Note :-** Please see overleaf to fill in the details for Addresses of Branch/  
Godowns located outside Andhra Pradesh.

**ADDRESSES OF BRANCHES/GODOWNS LOCATED OUTSIDE  
ANDHRA PRADESH**

01. State _____	
Address _____	
_____	
_____	
Pin Code No: _____	Telephone No: <input style="width: 100px; height: 20px;" type="text"/>
R.C. Number under State Act :	
R.C. Number under C.S.T. Act :	
Signature _____	Date _____

02. State _____	
Address _____	
_____	
_____	
Pin Code No: _____	Telephone No: <input style="width: 100px; height: 20px;" type="text"/>
R.C. Number under State Act :	
R.C. Number under C.S.T. Act :	
Signature _____	Date _____

03. State _____	
Address _____	
_____	
_____	
Pin Code No: _____	Telephone No: <input style="width: 100px; height: 20px;" type="text"/>
R.C. Number under State Act :	
R.C. Number under C.S.T. Act :	
Signature _____	Date _____

**FORM VAT 100B****PARTICULARS OF PARTNERS/  
DIRECTORS/PERSONS RESPONSIBLE  
(AUTHORISED) FOR THE BUSINESS**

Affix Passport size Photo of Partner/Director/ Person Responsible
---

**Name of the Business :**

- 1) Fill in the details for each Partner/Director/Responsible Person separately in the boxes provided for. Please use BLOCK LETTERS and write clearly.
- 2) Strike off Partners/Directors/Responsible Persons whichever is not applicable.

**PARTNERS/DIRECTORS/PERSONS RESPONSIBLE DETAILS**

1. Full Name	
2. Father's/Husband's Name	
3. Date of Birth	
4. Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (in case of Directors in Limited Companies)/Status & function of Person Responsible (Authorised) for the business.	
5. Other business interests in the State (Please specify)	
6. Other business interests outside the State (Please specify)	
7. Present Residential Address : Telephone No : e-mail :	
8. Permanent Address : Telephone No.	
9. Income Tax Permanent Account Number (PAN)	

**Date :****Signature & Status**

Affix Passport size  
Photo of  
Partner/Director/  
Person  
Responsible

**PARTNERS/DIRECTORS/PERSONS  
RESPONSIBLE DETAILS**

1. Full Name	
2. Father's/Husband's Name	
3. Date of Birth	
4. Extent of interest in business (Partnership firm) / Official Designation and date of joining in the present capacity (in case of Directors in Limited Companies)/Status & function of Person Responsible (Authorised) for the business.	
5. Other business interests in the State (Please specify)	
6. Other business interests outside the State (Please specify)	
7. Present Residential Address : Telephone No : e-mail :	
8. Permanent Address : Telephone No.	
9. Income Tax Permanent Account Number (PAN)	

Date :

Signature & Status



GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 103**

**NOTIFICATION OF REJECTION FOR  
VAT REGISTRATION**

[ See Rule 11 (2) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

You are advised by this office notice in Form VAT 102 dated \_\_\_\_\_  
that your application for VAT Registration has been refused.

- (a) Since you have not responded, I am unable to authorise your Registration.
- (b) I have considered your request and I am unable to authorise your Registration under the provisions of APVAT Act 2005.

You have the right of appeal against this order within (30) days of date of receipt of this order.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**FORM VAT 104**

**APPLICATION FOR VAT REGISTRATION  
AS A START UP BUSINESS PRIOR TO  
MAKING TAXABLE SALES**

[ See Rule 9 (2) ]

Complete in duplicate.

Use separate paper where space is not sufficient.

<b>01</b>	Name of business to be registered	
<b>02</b>	Date on which business was created	
<b>03</b>	Status of business	
<b>04</b>	Planned business activities	
<b>05</b>	Provide projected date of commencement of trading	
<b>06</b>	Declare the amount of any VAT paid prior to this application	

**07 DECLARATION :**

I apply for VAT registration as a new business prior to making taxable sales.

I understand that if I am registered for VAT, I must abide by all the duties and obligations of a VAT registered dealer, including the duty to keep proper books of accounts and file returns by the due dates. I accept that I can only remain VAT registered as a new business not making taxable sales for a period NOT EXCEEDING TWENTY FOUR MONTHS from the date of VAT registration.

Name of person making this declaration : \_\_\_\_\_

Status of the person in the business : \_\_\_\_\_

Signature : \_\_\_\_\_ Date of declaration : \_\_\_\_\_

**FOR OFFICE USE**

Processing Authority	Registering Authority
Name and Signature	Name and Signature

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM VAT 105**

**VALUE ADDED TAX REGISTRATION CERTIFICATE**

[ See Rule 10 (a) ]

I hereby certify that \_\_\_\_\_

Whose place of business is situated at :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is registered with VAT Registration Number

TIN									
-----	--	--	--	--	--	--	--	--	--

with effect from \_\_\_\_\_ day of \_\_\_\_\_ 200

Pursuant to and in accordance with the APVAT Act, 2005. The additional place of business/branch/godown is situated at:

Given under my hand at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Your local Tax office is :

\* You are also registered under CST Act and the above VAT TIN must be quoted on all your inter-State transaction.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**To**

M/s. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE : The above Tax Payer Identification Number (TIN) must appear on all :

- Your Tax Invoices / invoices
- Correspondence with the C.T. Department.
- Your Tax returns.

You must conspicuously display this Certificate in your business premises.

Separate Copy of Certificate for each additional place of \* business/branch/ godown is enclosed.

Please check if the above details are correct.

(\* Strike off if not applicable.)

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 106**

**RESPONSE TO APPLICATION FOR VAT REGISTRATION  
AS A STARTUP BUSINESS PRIOR TO  
MAKING TAXABLE SALES**

[ See Rule 10 (b) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02. Name _____ Address: _____ _____
---

Receipt of your application for registration dated \_\_\_\_\_ is acknowledged  
You have been registered as a Start Up Business and you must abide by the following conditions :

- \* You must keep proper books of accounts and records
- \* File VAT returns by the due date even if they are nil returns.
- \* You can only remain registered as a Start up Business for a maximum period of twenty four months.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

Encl : Form VAT 105

**GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT**

**FORM VAT 111**

**SUO MOTU VAT REGISTRATION**

[ See Rule 11 (1) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02. Name _____ Address: _____ _____
---

You were advised on \_\_\_\_\_ that you had a legal obligation to register for VAT. Since you have neither replied to that letter nor applied for registration subsequently. I am to notify you that you have been registered with effect from \_\_\_\_\_. You are required to account for VAT from that date.

Your Certificate of Registration is enclosed. Your VAT TIN No. is

TIN									
-----	--	--	--	--	--	--	--	--	--

You should use this TIN when you issue VAT invoices, on all documents related to VAT and in all correspondence with the Commercial Taxes Department.

You have right to appeal against this order within 30 days of date of receipt of this order.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

Encl : Form VAT 105

**FORM VAT 112**

**APPLICATION NOTIFYING CHANGES IN VAT  
REGISTRATION**

[ See Rule 13 (1) & 13 (3) ]

01. Tax Office Address :  
 .....  
 .....  
 .....

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2(a)Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

	Present	Proposed	With effect from
03. Change in Name :			

	Present	Proposed	With effect from
04. Change in Address of Place of Business :			

	Present	Proposed	With effect from
05. Change in address of Branches / godowns:			

	Present	Proposed	With effect from
06. Change in Legal Status :			

(Use separate sheet to furnish the details of new persons & out going persons as applicable)

07 Applied for CST Registration With effect from

**\* Use additional sheets wherever space provided is not sufficient**

08 My business activities/Principal Commodities traded have changed in the following respect:

- (a) Change in Business activities : \_\_\_\_\_
- (b) Principal Commodities now traded are : \_\_\_\_\_

09(a) I commenced executing works contract for the State Government/ local authorities from \_\_\_\_\_

- (b) I stopped executing works contract for the State Government/local authorities from \_\_\_\_\_

10. My new Bank account details are herewith furnished

Bank Name :- \_\_\_\_\_

Branch Name & Code :- \_\_\_\_\_

Account Number :- \_\_\_\_\_

**11 Declaration :**

I (Name) \_\_\_\_\_ Status \_\_\_\_\_ (Title) \_\_\_\_\_  
 \_\_\_\_\_ of the above business hereby declare that the information given in this form is true and correct.

Date    Month    Year

Signature and Stamp \_\_\_\_\_ Date of declaration \_\_\_\_\_

**FOR OFFICE USE**

12. Date of Receipt of Form VAT 112

13. Date of issue of VAT 110 (liability for new VAT registration) (in case of proposal in box 6)



14. Date of issue of VAT 105 (VAT Registration Certificate) (in case of proposals in boxes 3,4,5 & 7) 

--	--	--

15. Date of recording in VAT registration and in the VAT Dealer file 

--	--	--

**ASST. COMMERCIAL TAX OFFICER,  
PROCESSING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**FORM VAT 115**

**CLAIM FOR CREDIT OF SALES TAX  
PAID ON GOODS IN STOCK ON  
COMMENCEMENT OF VALUE ADDED TAX**

[ See Rule 37 (2) (b) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	02 TIN		

03. Name _____
Address: _____
_____

04 Date of stock taking completed
05 Stock taken by
06 List of Goods in Stock at 01 <sup>st</sup> April 2005 on which a credit claim made

Sl. No	Name of the supplier with APGST RC No	Description of goods	Quantity on hand	Invoice No. and Date	Value of the goods held	Rate of APGST Paid	90% in case value is inclusive of tax	Tax Fraction	Sales Tax Claimed for refund	Sales tax credit Autho- rised

(Use Separate sheets if the space is insufficient)

<b>07</b>	<b>TOTAL CREDIT CLAIMED</b>
-----------	-----------------------------

<b>Declaration :</b>		
I _____ being _____ of _____ declare		
that the information given in this form is true and correct.		
	Date	Month
	Year	
Signature and Stamp _____	Date of declaration	

Complete in Duplicate

**FOR OFFICIAL USE ONLY**

Date of claim received	09		<u>Received by:</u> Name: ..... Rank: ..... Signature :  <u>Check by:</u> Name: ..... Rank: ..... Signature  <u>Authorised by:</u> Name: ..... Rank: ..... Signature
Date of Official Stock check	10		
Result of Official Stock check	11		
Date of verification visit completed	12		
Amount of credit authorised	13		
Date of Form VAT 116 issued to VAT Dealer	14		
Claim refused, date of form VAT 117 issued	15		

**Note :—** There are penal provisions for making a false declaration. This claim must be filed at the tax office by 10th April, 2005.

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 116**

**NOTIFICATION OF SALES TAX CREDIT**

[ See Rule 37 (2) (h) & 37 (3) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN																			
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Receipt of your claim in Form VAT 115 dated \_\_\_\_\_ for credit of Sales Tax paid on goods in stock at 01-04-2005 is acknowledged.

I am to advise you that you are authorised to claim a credit of \_\_\_\_\_. One sixth of this sum should be claimed at box 08(b) of your VAT return for the month of August 2005 due to be submitted in the month of September 2005. The balance should be claimed in five equal instalments in the five following months.

You may only claim this amount if it is related to taxable VAT transactions.

(See VAT leaflet 04: What can I credit as Input Tax)

**COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE.**

**FORM VAT 118**

**CLAIM FOR CREDIT OF VAT PAID ON GOODS  
IN STOCK HAND AT THE TIME OF  
VAT REGISTRATION**

[ See Rule 20 ]

01. Tax Office Address :  
 .....  
 .....  
 .....

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name	_____
Address:	_____
	_____

04	Effective date of registration
----	--------------------------------

05	Date stock-taking completed:
----	------------------------------

- 06 Name of the person responsible for stock-taking
- 07 List of goods on hand at the effective date of registration on which you wish to claim credit of VAT already paid

Sl. No	Name of the seller with TIN	Description of goods	Quantity	Date of Purchase	Purchase Invoice Number	Rate of tax paid	Value	VAT credit claimed

(Use Separate sheets if the space is insufficient)

08	TOTAL CREDIT OF VAT CLAIMED	
----	-----------------------------	--

**09 DECLARATION**

I ..... status ..... of the above business hereby declare that the information given in this claim is true and correct.

Date Month Year

--	--	--

Signature & Stamp ..... Date of declaration

**FOR OFFICE USE ONLY**

Date of claim received	10		<p><u>Received by:</u>                  Name: .....                  Rank: .....                  Signature: .....  <u>Check by:</u>                  Name: .....                  Rank: .....                  Signature: .....  <u>Authorised by:</u>                  Name: .....                  Rank: .....                  Signature: .....</p>
Date of advisory/ control visit	11		
Result of visit	12		
Amount of credit authorised	13		
Date of VAT 119 issued to VAT dealer	14		
Date of VAT 120 issued to VAT dealer Refusing claim	15		

**Note :—** There are severe penalties for making a false declaration. This claim must be filed at the tax office within 10 days from your date of notification of registration.

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 119**

**NOTIFICATION OF VAT CREDIT**

[ See Rule 20 (1) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____ Address: _____ _____
---

**Receipt of your claim in Form VAT 118 dated \_\_\_\_\_ for VAT paid on goods in stock at the effective date of your VAT registration is acknowledged.**

I am to advise you that you are authorised to a VAT credit of Rs. \_\_\_\_\_ as claimed by you.

**This claim should be claimed at Box 08 (b) of your first VAT return.**

**COMMERCIAL TAX OFFICER,  
\_\_\_\_\_ CIRCLE.**

**FORM VAT 121****APPLICATION FOR CANCEL VAT REGISTRATION**

[See Rule 14 (2)]

01. Tax Office Address : ..... ..... .....	Date	Month	Year						
	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	02	TIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

03. Name _____
Address: _____
_____

I apply to cancel my VAT registration  
with effect from

04	Date:	<input type="text"/>
----	-------	----------------------

**Reason(s) for the cancellation of registration:**

Delete (i) (ii) or (iii) if not applicable

(i) My business closed on:

05	Date:	<input type="text"/>
----	-------	----------------------

(ii) The value of my taxable turnover the

previous 3 calendar months was

06	Value:	<input type="text"/>
----	--------	----------------------

And the value of my taxable turnover over

the previous 12 calendar months was

07	Date:	<input type="text"/>
----	-------	----------------------

(iii) I request to cancel my voluntary

registration which was registered

with effect from.

08	Date:	<input type="text"/>
----	-------	----------------------

The value of my taxable turnover over the previous

3 calendar months was:

09	Value:	<input type="text"/>
----	--------	----------------------

The value of my taxable turnover over the previous

12 calendar months was:

10	Value:	<input type="text"/>
----	--------	----------------------

The reasons for the application under (i), (ii) or (iii) above are:

.....



I undertake that I must account for VAT on any stock or assets on hand on which I have received refund of input tax, and file a final tax return and pay the VAT due prior to the cancellation of my registration.

<b>11 DECLARATION</b>		
I ..... status ..... of the above business hereby declare that the information given in this Form is true and correct.		
	Date	Month Year
	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
Signature & Stamp .....	Date of declaration	

**OFFICE USE ONLY**

Date application received	12	<input style="width: 95%; height: 15px;" type="text"/>
Check arrears of VAT .....		
Confirmation from Return Processing Section - Tax Arrears .....		
Final Return issued .....		
Final Return Received .....		
For Verification	YES/NO	
Date of cancellation from	13	<input style="width: 95%; height: 15px;" type="text"/>
Date of Form VAT 122 issued	14	<input style="width: 95%; height: 15px;" type="text"/>
Date of Form VAT 123 (refusal of cancellation) issued	15	<input style="width: 95%; height: 15px;" type="text"/>
Date of Form VAT 124 issued	16	<input style="width: 95%; height: 15px;" type="text"/>

**ASST. COMMERCIAL TAX OFFICER,  
PROCESSING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

**COMMERCIAL TAX OFFICER,  
REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 123**

**REFUSAL TO CANCEL VAT REGISTRATION**

[ See Rule 14 (7) ]

01. Tax Office Address :

.....

.....

.....

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Your application to cancel your VAT registration is refused because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You must continue to charge VAT on your sales, issue invoices when appropriate, maintain books and records, file VAT returns and pay the tax due for each tax period.

You have the right to appeal against this order within 30 days of date of this order.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 124**

**NOTIFICATION OF CANCELLATION OF  
VAT REGISTRATION**

[ See Rule 14 (5) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

1. \* It is confirmed that your VAT registration has been cancelled with effect from \_\_\_\_\_. You are reminded that should your taxable turnover exceed the registration limits in the future, you must apply for registration.
2. \* You are advised by this office notice in Form VAT 125 dated \_\_\_\_\_ proposing cancellation of your VAT registration indicating reasons therewith. Since you have not responded to the notice, I am confirming the cancellation of your VAT Registration, which is effective from \_\_\_\_\_

You have the right to appeal this order within 30 days of receipt of this order.

**COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.**

\* Strike off whichever is not applicable.

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 125**

**NOTICE OF COMPULSORY CANCELLATION  
OF VAT REGISTRATION**

[ See Rule 14 (8) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	02 TIN		

03. Name _____
Address: _____
_____

I have to advise you that your VAT registration is proposed to be cancelled with effect from \_\_\_\_\_ because : (Strike off statements not applicable / Tick appropriate boxes)

- \* You are not required nor entitled to apply for registration.
- \* You have not declared taxable sales since VAT registration over a period of three continuous months.
- \* You have no fixed place of abode or business.
- \* You have failed to keep proper accounting records relating to your business activities.
- \* You have not submitted correct and complete VAT returns.
- \* **You are required to file a final VAT return for the period ending \_\_\_\_\_ enclosed herewith and account for VAT on any stock or assets on hand on which you have received a refund of input tax.**
- \* It is noted that you have arrears of VAT unpaid of \_\_\_\_\_ payment of this amount must be made with your final return.

YOU ARE REMINDED THAT YOU MUST NOT CHARGE VAT AND ISSUE TAX INVOICES AFTER \_\_\_\_\_

You are requested to file written objections if any along with documentary evidence within 10 days of date of this letter failing which your VAT registration will be cancelled without any further notice.

COMMERCIAL TAX OFFICER,  
VAT REGISTERING AUTHORITY,  
\_\_\_\_\_ CIRCLE.

**FORM VAT 129**

**FORM OF AUTHORISATION**

[ See Rule 4 (6) ]

**AUTHORISATION GIVEN BY THE DEALER RESIDING OUTSIDE  
THE STATE BUT CARRYING BUSINESS IN THE STATE OF  
ANDHRA PRADESH**

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ S/o/D/o/W/o \_\_\_\_\_  
being (title) \_\_\_\_\_  
of the above enterprise applied for VAT registration to carry on business in  
Andhra Pradesh as a non-resident dealer.

I hereby authorise Sri \_\_\_\_\_ S/o. \_\_\_\_\_  
address \_\_\_\_\_ to  
conduct business on my behalf, as per the provisions of the A.P. VAT Act,  
2005.

**Signature & Status of Person authorising**

I accept the above responsibility.

**Signature & Status of Person authorised**

**MONTHLY RETURN FOR VALUE ADDED TAX****FORM VAT 200**

[See Rule 23 (1) ]

01 TIN									

02 Period covered by this Return							
From	DD	MM	YY	To	DD	MM	YY

03 Name of Enterprises : _____ Address: _____ _____ _____ Fax No. _____ Phone No. _____
---

If you have made no purchases and no sales, cross this box.  04

**If you have no entry for a box, insert "NIL". Do not leave any box blank unless you cross box 04.**

Input tax credit from previous month

(Box 24 or 24(b) of your previous tax return)

 05 

**PUCHASES IN THE MONTH (INPUT) Value excluding VAT VAT Claimed**  
(A) (B)

6	Exempt or non-creditable Purchases	Rs.	
7	4% Rate Purchases	Rs.	Rs.
8	12.5% Rate Purchases	Rs.	Rs.
9	1% Rate Purchases	Rs.	Rs.
10	Special Rate Purchases	Rs.	
11	Total Amount of input tax (5+7(B)+8(B)+9(B))		Rs.

**SALES IN THE MONTH (OUTPUT) Value Excluding VAT VAT Due**  
(A) (B)

12	Exempt Sales	Rs.	
13	Zero Rate Sales - International Exports	Rs.	
14	Zero Rate Sales - Others (CST Sales)	Rs.	
15	Tax Due on Purchase of goods	Rs.	Rs.
16	4% Rate Sales	Rs.	Rs.
17	12.5% Rate Sales	Rs.	Rs.
18	Special Rate Sales	Rs.	Rs.
19	1% Rate Sales	Rs.	Rs.
20	Total amount of output tax (15(B)+16(B)+17(B)+19(B))		Rs.

21 If total of box 20 exceeds box 11 pay this amount

 Rs.

22 Payment Details:

Details	Challan/ Instrument No.	Date	Bank/ Treasury	Branch Code	Amount
Payment Details :					
Adjustment (Give Details in 22 (a))					
<b>Total</b>					

22(a) Adjustment Details :

Nature of Adjustment	Details	Amount

If total of box 11 exceeds total of box 20 (or the payment and adjustment in boxes 22 and 22(a) put together exceed the tax due in box 21) and you have declared exports in box 13 (A) and not adjusting the excess amount against tax liability if any under the CST Act, you can claim a refund in box 23 or carry a credit forward in box 24.

If you have declared no exports in box 13 (A) you must carry the credit forward in box 24, unless you have carried forward a tax credit and not adjusting the excess amount against the tax liability if any under the CST Act.

Refund 

23	Rs.	
----	-----	--

 Credit carried forward 

24	Rs.	
----	-----	--

24(a) If you want to adjust the excess amount against the liability under the CST Act please fill in boxes 24 (a) and 24 (b) Tax due under the CST Act and adjusted against the excess amount in box 24.

24(a)	Rs.	
-------	-----	--

24(b) Net credit carried forward 

24(b)	Rs.	
-------	-----	--

<b>Declaration :</b>	
25. Name ..... being (title) ..... of the above enterprise do hereby declare that the information given in this return is true and correct.	
Signature & Stamp .....	Date of declaration .....

**Please Note :**

1. This return and payment must be presented on or before 20<sup>th</sup> day of the following month mentioned in box 02.
2. In case the payment is made by a challan in the bank, please endorse a copy of the same.
3. You will be, as per provisions of the APVAT Act, 2005, subject to penalties if you :
  - Fail to file the VAT return at the Local Tax Office even if it is a nil return.
  - Make a late payment of tax
  - Make a false declaration.

**FOR OFFICIAL USE ONLY**

Date of Receipt :

Amount of Tax Paid Rs.

Mode of Payment :

Signature of Receiving Officer  
with Stamp



**ANNEXURE TO MONTHLY VAT RETURN  
FOR ADJUSTMENT OF INPUT TAX CREDIT**

**FORM VAT 200A**

[ See Rules 20(6), 7, 8(b), 9(b) ]

This Form is to be filled up by VAT dealer having any of the following transactions,—

- (a) Sales of exempt goods (goods mentioned in Schedule I);
- (b) Stock transfers / consignment sales.

01	TIN							

02	Period covered by this Return							
From	DD	MM	YY	To	DD	MM	YY	

**(i) Details of Turnovers in the tax period**

03 Amount of taxable sales - Sum of boxes -

13A, 14A, 16A, 17A & 19A of VAT 200 Rs.

04 Amount of sales of exempt goods in the period Rs.

05 Amount of exempt transactions in the period Rs.

**(ii) Details of Input tax paid, input tax credit claimed in the tax period**

	Inputs	VAT paid on specific inputs (x)	VAT paid on common inputs	ITC eligible on common inputs (y)	Total ITC claimed (x) + (y)
06	1% rate purchases	Rs.	Rs.		Rs.
07	4% rate purchases	Rs.	Rs.		Rs.
08	12.5% rate	Rs.	Rs.		Rs.
	(4% portion) — 4/12.5 x value *				
	(8.5% portion) — 8.5/12.5 x value *				

\* APPORTION 12.5% INTO 4 AND 8.5 PORTIONS ONLY IF YOU HAVE EXEMPT TRANSACTIONS

1. Note: To claim eligible input tax credit (ITC eligible) for tax rates of 1%, 4% and 4% portion of 12.5%, the following calculation is to be made :

$$A \times \frac{B}{C} \quad \text{where } A \text{ is value of common input for each tax rate}$$

$$B \text{ is value in box (03)}$$

$$C \text{ is the sum of box (03), (04) and box (05)}$$

2. Note: Where there are no exempt transactions in the tax period, apply the above formula for entire 12.5% for arriving at ITC eligibility.

3. Note: Where exempt transactions are made in the tax period, total 8.5% portion of 12.5% can be taken as ITC.

Date :

Signature of Dealer

**FORM VAT 200B****ANNEXURE TO VAT RETURN FOR THE MONTH OF  
MARCH FOR THE 12-MONTH PERIOD ENDING  
MARCH FOR ADJUSTMENT OF INPUT TAX CREDIT**

[ See Rules 20(4)(b), 5(c), 6, 7, 8(b), 9(b) ]

This Form is to be filled up by VAT dealer having any of the following transactions, –

- (a) Sales of exempt goods (goods mentioned in Schedule I);  
(b) Stock transfers / consignment sales.

01	TIN									

02	Period covered by this Return							
From	DD	MM	YY	To	DD	MM	YY	

**(i) Details of Turnovers in the tax period**

03 Amount of taxable sales - Sum of boxes -

13A, 14A, 16A, 17A &amp; 19A of VAT 200 Rs.

04 Amount of sales of exempt goods in the period Rs.

05 Amount of exempt transactions in the period Rs.

**(ii) Details of Input tax paid, input tax credit claimed in the tax period**

	Inputs	VAT paid on specific inputs (x)	VAT paid on common inputs	ITC eligible on common inputs (y)	Total eligible ITC (x) + (y)
06	1% rate purchases	Rs.	Rs.		Rs.
07	4% rate purchases	Rs.	Rs.		Rs.
08	12.5% rate	Rs.	Rs.		Rs.
	(4% portion) – 4/12.5 x value *				
	(8.5% portion) – 8.5/12.5 x value *				

\* APPORTION 12.5% INTO 4 AND 8.5 PORTIONS ONLY IF YOU HAVE EXEMPT TRANSACTIONS

**1. Note:** To claim eligible input tax credit (ITC eligible) for tax rates of 1%, 4% and 4% portion of 12.5%, the following calculation is to be made :

$A \times B$  where A is value of common input for each tax rate

C B is value in box (03)

C is the sum of box (03), (04) and box (05)

2. **Note:** Where there are no exempt transactions in the tax period, apply the above formula for entire 12.5% for arriving at ITC eligibility.

3. **Note:** To claim eligible input tax credit (ITC eligible) for tax rates of 8.5% portion of 12.5%, the following calculation is to be made :

$A \times \frac{B}{C}$  where A is value of common input for each tax rate  
 B is sum in box (03) and (05)  
 C is the sum of box (03), (04) and box (05)

**(iii) Excess or balance Input tax credit for each tax rate payable or eligible for the 12-month period ending March**

	Common inputs (2)	ITC claimed in the 12 monthly returns (3)	ITC eligible as per (ii) (4)	Difference between (3) and (4) Excess (+) / Balance (-) (5)
09	1% rate purchases	Rs.	Rs.	Rs.
10	4% rate purchases	Rs.	Rs.	Rs.
11	12.5% rate purchases	Rs.	Rs.	Rs.

1. Any excess credit claimed in the monthly returns shall be paid back in the return for March by adding it to the appropriate box in the output column for the tax rate.
2. Any balance credit eligible in the monthly returns shall be claimed in the return for March by adding it to the appropriate box in the input column for the tax rate.

Date :

Signature of Dealer



22 Payment Details:

Details	Challan/ Instrument No.	Date	Bank/ Treasury	Branch Code	Amount
Payment Details :					
Adjustment (Give Details in 22 (a))					
<b>Total</b>					

22(a) Adjustment Details :

Nature of Adjustment	Details	Amount

If total of box 11 exceeds total of box 20 (or the payment and adjustment in boxes 22 and 22(a) put together exceeds the tax due in box 21) and you have declared exports in box 13 (A) and not adjusting the excess amount against tax liability if any under the CST Act, you can claim a refund in box 23 or carry a credit forward in box 24.

If you have declared no exports in box 13 (A) you must carry the credit forward in box 24, unless you have carried forward a tax credit and not adjusting the excess amount against the tax liability if any under the CST Act.

Refund 

23	Rs.	
----	-----	--

 Credit carried forward 

24	Rs.	
----	-----	--

24(a) If you want to adjust the excess amount against the liability under the CST Act please fill in boxes 24 (a) and 24 (b) Tax due under the CST Act and adjusted against the excess amount in box 24. 

24(a)	Rs.	
-------	-----	--

24(b) Net credit carried forward 

24(b)	Rs.	
-------	-----	--

<b>Declaration :</b>	
25. Name ..... being (title) ..... of the above enterprise do hereby declare that the information given in this return is true and correct.	
Signature & Stamp .....	Date of declaration .....

**Please Note :**

1. This return and payment must be presented on or before 20<sup>th</sup> day of the following month mentioned in box 02.
2. In case the payment is made by a challan in the bank, please endorse a copy of the same.
3. You will be, as per provisions of the APVAT Act 2005, subject to penalties if you :
  - Fail to file the VAT return at the Local Tax Office even if it is a nil return.
  - Make a late payment of tax
  - Make a false declaration.

**FOR OFFICIAL USE ONLY**

Date of Receipt :

Amount of Tax Paid Rs.

Mode of Payment :

Signature of Receiving Officer  
with Stamp

**FORM VAT 200D**

**DECLARATION BY A VAT DEALER  
SHOWING BREAK-UP OF  
SALES AND INPUT TAX**

[ See Rule 20(4)(a) ]

This Form is to be filled up by VAT dealer having any of the following transactions, —

- (a) Sales of exempt goods (goods mentioned in Schedule I);  
(b) Stock transfers / consignment sales.

01	TIN									

02	Period covered by this Return							
From	DD	MM	YY	To	DD	MM	YY	

**(i) Details of Turnovers in the Tax period**

03 Amount of taxable sales - Sum of boxes -

13A, 14A, 16A, 17A & 19A of VAT 200 Rs.

04 Amount of sales of exempt goods in the tax period Rs.

05 Amount of exempt transactions in the tax period Rs.

**(ii) Details of Input tax paid and claimed in the tax period**

	Inputs	VAT paid on specific inputs (x)	VAT paid on common inputs	Total eligible ITC (x) + (y)
06	1% rate purchases	Rs.	Rs.	Rs.
07	4% rate purchases	Rs.	Rs.	Rs.
08	12.5% rate	Rs.	Rs.	Rs.

Date :

Signature of Dealer

**FORM VAT 200E****ANNEXURE TO MONTHLY VAT RETURN FOR  
ADJUSTMENT OF INPUT TAX CREDIT**

[ See Rules 20(12) ]

This Form is to be filled up by VAT dealer having any of the following transactions, –

- (a) Sales of exempt goods (goods mentioned in Schedule I);
- (b) Stock transfers / consignment sales.
- (c) Turnover under composition.
- (d) Exempt turnover of sub-contract under Rule 17(2)(j)

01	TIN									

02	Period covered by this Return						
From	DD	MM	YY	To	DD	MM	YY

**(i) Details of Turnovers in the tax period**

- 03 Amount of taxable sales - Sum of boxes -  
13A, 14A, 16A, 17A & 19A of VAT 200 (for box 16A,  
exclude turnover under composition) Rs.
- 04 Amount of sales of exempt goods in the period Rs.
- 05 Amount of exempt transactions in the period Rs.
- 06 Total turnover under composition Rs.
- 07 Exempt turnover of sub-contract under Rule 17(2)(j)

**(ii) Details of Input tax paid, input tax credit claimed in the tax period**

	Inputs	VAT paid on specific inputs (x)	VAT paid on common inputs	ITC eligible on common inputs (y)	Total ITC claimed (x) + (y)
08	1% rate purchases	Rs.	Rs.		Rs.
09	4% rate purchases	Rs.	Rs.		Rs.
10	12.5% rate	Rs.	Rs.		Rs.
	(4% portion) – 4/12.5 x value *				
	(8.5% portion) – 8.5/12.5 x value *				

\* APPORTION 12.5% INTO 4 AND 8.5 PORTIONS ONLY IF YOU HAVE EXEMPT TRANSACTIONS



1. Note: To claim eligible input tax credit (ITC eligible) for tax rates of 1%, 4% and 4% portion of 12.5%, the following calculation is to be made :  
$$A \times \frac{B}{C}$$
 where A is value of common input for each tax rate  
B is value in box (03)  
C is the sum of box (03), (04), (05), (06) and (07)
2. Note: Where there are no exempt transactions in the tax period, apply the above formula for entire 12.5% for arriving at ITC eligible.
3. Note: To claim eligible input tax credit (ITC eligible) for tax rates of 8.5% portion of 12.5%, can be taken as ITC.

Date :

Signature of Dealer

**FORM VAT 200F****ANNEXURE TO VAT RETURN FOR THE MONTH OF  
MARCH FOR THE 12 - MONTH PERIOD ENDING MARCH  
FOR ADJUSTMENT OF INPUT TAX CREDIT**

[ See Rules 20(12) ]

This Form is to be filled up by VAT dealer having any of the following transactions, –

- (a) Sales of exempt goods (goods mentioned in Schedule I);
- (b) Stock transfers / consignment sales.
- (c) Turnover under composition.
- (d) Exempt turnover of sub-contract under Rule 17(2)(j)

01	TIN									

02	Period covered by this Return							
From	DD	MM	YY	To	DD	MM	YY	

**(i) Details of Turnovers in the 12 - month period**

03 Amount of taxable sales - Sum of boxes -

13A, 14A, 16A, 17A & 19A of VAT 200 (for box 16A,  
exclude turnover under composition)

Rs.

04 Amount of sales of exempt goods in the 12- month period

Rs.

05 Amount of exempt transactions in the period in the  
12- month

Rs.

06 Total turnover under composition

Rs.

07 Exempt turnover of sub-contract under Rule 17(2)(j)

**(ii) Details of Input tax paid, input tax credit claimed in the tax period**

	Inputs	VAT paid on specific inputs (x)	VAT paid on common inputs	ITC eligible on common inputs (y)	Total ITC claimed (x) + (y)
08	1% rate purchases	Rs.	Rs.		Rs.
09	4% rate purchases	Rs.	Rs.		Rs.
10	12.5% rate	Rs.	Rs.		Rs.
	(4% portion) – 4/12.5 x value *				
	(8.5% portion) – 8.5/12.5 x value *				

\* APPORTION 12.5% INTO 4 AND 8.5 PORTIONS ONLY IF YOU HAVE EXEMPT TRANSACTIONS

**1. Note:** To claim eligible input tax credit (ITC eligible) for tax rates of 1%, 4% and 4% portion of 12.5%, the following calculation is to be made :

$A \times \frac{B}{C}$  where A is value of common input for each tax rate  
 B is value in box (03)  
 C is the sum of box (03), (04), (05), (06) and (07)

**2. Note:** Where there are no exempt transactions in the tax period, apply the above formula for entire 12.5% for arriving at ITC eligible.

**3. Note:** To claim eligible input tax credit (ITC eligible) for tax rates of 8.5% portion of 12.5%, can be taken as ITC.

$A \times \frac{B}{C}$  where A is value of common input for each tax rate  
 B is sum in box (03) and (05)  
 C is the sum of box (03), (04), (05), (06) and (07)

**(iii) Excess or balance Input tax credit for each tax rate payable or eligible for the 12-month period ending March**

	Common inputs (2)	ITC claimed in the 12 monthly returns (3)	ITC eligible as per (ii) (4)	Difference between (3) and (4) Excess (+) / Balance (-) (5)
11	1% rate purchases	Rs.	Rs.	Rs.
12	4% rate purchases	Rs.	Rs.	Rs.
13	12.5% rate purchases	Rs.	Rs.	Rs.

- Any excess credit claimed in the monthly returns shall be paid back in the return for March by adding it to the appropriate box in the output column for the tax rate.
- Any balance credit eligible in the monthly returns shall be claimed in the return for March by adding it to the appropriate box in the input column for the tax rate.

Date :

Signature of Dealer

Circle :  
Division :

<b>FORM VAT 200G</b>
----------------------

**<sup>1</sup>[ANNEXURE TO MONTHLY VAT RETURN FOR  
ADJUSTMENT OF SALES TAX RELIEF**

[ See Rule 37 (2) ]

This Form is to be filled up by VAT dealer having any of the following transactions,—

- (a) Sales of exempt goods (goods mentioned in Schedule I);  
(b) Stock transfers / consignment sales.

01	TIN									

02	Period covered by this Return							
	From	DD	MM	YY	To	DD	MM	YY

03.	Name of Enterprise .....
	Address .....
	.....
	Fax No. .... Phone No. ....

**(i) Details of Turnovers in the tax period**

04	Amount of taxable sales - sum of boxes - 13-A, 14-A, 16-A, 17-A and 19-A of VAT 200	Rs.	
05	Amount of sales of exempt goods in the tax period	Rs.	
06	Amount of exempt transactions in the tax period	Rs.	

**(ii) Details of Sales tax relief / Transitional Relief (TR)**

		Amount of TR approved (x)	TR eligible (y) = (x) x B/C
07	Amount of TR approved on Form VAT 116 to be claimed in the tax period	Rs.	Rs.

1. Ins. by G.O.Ms.No. 2201, Revenue (CT-II) Dept., dt. 29-12-2005.

**Note.**— To claim eligible TR, the following calculation is to be made :

$$A \times \frac{B}{C} \text{ where}$$

A is value of sales tax relief approved on  
Form VAT 116 for the tax period

B is value in box (04)

C is the sum of box (04), (05) and box (06).

Date:

Signature of Dealer

Circle :

**FORM VAT 200H**

Division :

**<sup>1</sup>ANNEXURE TO VAT RETURN FOR THE MONTH OF  
MARCH FOR THE PERIOD OF 12 MONTHS ENDING  
MARCH FOR ADJUSTMENT OF SALES TAX RELIEF**

[ See Rule 37 (2) ]

This Form is to be filled up by VAT dealer having any of the following instructions,—

- (a) Sales of exempt goods (goods mentioned in Schedule I);  
(b) Stock transfers / consignment sales.

01	TIN									

02	Period covered by this Return							
	From	DD	MM	YY	To	DD	MM	YY

03.	Name of Enterprise .....
	Address .....
	.....
	Fax No. .... Phone No. ....

**(i) Details of Turnovers**

04	Amount of taxable sales - sum of boxes - 13-A, 14-A, 16-A, 17-A and 19-A of VAT 200	Rs.	
05	Amount of sales of exempt goods in the tax 12 month period	Rs.	
06	Amount of exempt transactions in the 12 month period	Rs.	

**(ii) Details of Sales tax relief / Transitional Relief (TR)**

	Inputs	Amount of TR approved (x)	TR eligible (y) = (x) x B/C
07	Amount of TR approved on Form VAT 116	Rs.	Rs.

1. Ins. by G.O.Ms.No. 2201, Revenue (CT-II) Dept., dt. 29-12-2005.

**Note.**— To claim eligible sales tax relief, the following calculation is to be made :

$$A \times \frac{B}{C} \text{ where}$$

A is value of sales tax relief approved on Form VAT 116

B is value in box (04)

C is the sum of box (04), (05) and box (06).

**(iii) Excess or balance Sales Tax Relief payable or eligible for the 12-month period ending March**

		TR claimed in the 6 monthly returns	TR eligible as per (ii)	Excess (+) / Balance (-)
08	Sales tax relief (TR)	Rs.	Rs.	Rs.

1. Any excess credit claimed in the monthly returns shall be paid back in the return for March by adding into the appropriate box in the output column for the tax rate.
2. Any balance credit eligible in the monthly returns shall be claimed in the return for March by adding it to the appropriate box in the input column for the tax rate.

Date :

Signature of Dealer

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 202**

**DEMAND FOR UNPAID VALUE ADDED TAX**

[ See Rule 24 (4) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	02 TIN		
03. Name _____			
Address: _____			
_____			

Tax Office record indicates that VAT which was due on the following dates remains unpaid.

<u>DATE DUE</u>	<u>ASSESSMENT/RETURN</u>	<u>AMOUNT OUTSTANDING</u>
-----------------	--------------------------	---------------------------

You are requested to pay the above amount outstanding within 15 days from the date of this notification.

You are reminded that any amounts of tax outstanding after the due date for payment shall be liable to a penalty of 10 percent of the amount and interest will also be charged at the rate of 1% per month for each day the payment is delayed.

**YOU ARE REMINDED THAT THE APVAT ACT 2005 EMPOWERS THE TAX DEPARTMENT TO CONFISCATE AND SELL YOUR GOODS TO RECOVER UNPAID TAX.**

COMMERCIAL TAX OFFICER,  
\_\_\_\_\_ CIRCLE.

Note :- Complete in duplicate.



GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 204**

**UNILATERAL ASSESSMENT FOR  
FAILURE TO FILE A VAT RETURN**

[ See Rule 25 (1) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN										
----	-----	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

There is no record of the receipt in the Tax Department of a VAT Return for the period of \_\_\_\_\_ due by \_\_\_\_\_

The Tax Office has accordingly unilaterally assessed the tax payable by you for this period as Rs. \_\_\_\_\_. In addition the law requires that you pay 50% of this amount as penalty which is Rs. \_\_\_\_\_

Total tax due is Rs. \_\_\_\_\_

This amount must be paid by \_\_\_\_\_ unless you file the tax Return that is due and pay the tax declared on the return. If you file the outstanding return at the Tax Office and pay the tax due by \_\_\_\_\_ this unilateral assessment will be withdrawn.

**IF YOU HAVE FILED A RETURN AND PAID THE TAX DUE YOU SHOULD NOTIFY THE TAX OFFICE WITHOUT DELAY.**

Failure to make payment of this unilateral assessment will result in recovery measures being taken as provided for in the AP VAT Act 2005.

**DO NOT ADJUST ANY FUTURE VAT RETURN TO ACCOUNT FOR THE TAX SHOWN ON THIS NOTICE OF ASSESSMENT.**

**COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE,**  
\_\_\_\_\_ **DIVISION.**

Note :- Complete in duplicate.

**FORM VAT 213**

**APPLICATION FOR UNDER / OVER  
DECLARATION OF VALUE ADDED TAX**

[ See Rule 23 (6) (a) ]

01. Tax Office Address :  
.....  
.....  
.....

Date      Month      Year  

--	--	--

02 TIN 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Examination of my records has shown that the correct amount of Value Added Tax in the return for tax period \_\_\_\_\_ was\* declared / over-declared. Please find a true and correct summary of my monthly Return as below. The errors were caused by

Tax Period	Input Tax declared	Output Tax declared	Input Tax found to be correct	Output Tax found to be correct	Tax Under / Over - declared	Total Amount Payable / Creditable

I (Name) \_\_\_\_\_ being (Title) \_\_\_\_\_ of the above business do hereby declare that the information given on this form is true and correct.

\_\_\_\_\_ Signature / Stamp      Date of Declaration \_\_\_\_\_

PLEASE DO NOT ADJUST ANY FUTURE RETURN FOR THE TAX SHOWN ON THIS FORM.

Complete in Duplicate.

Signature & Status

\* Strike off which ever is not applicable



**FORM VAT 250**

**APPLICATION OPTING FOR  
PAYMENT TAX BY WAY OF COMPOSITION**

[ See Rules 17 (3) (c), 17 (4) (b), 17 (2) (b) & 19 (5) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	02 TIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

03. Name _____ Address: _____ _____
---

I/We carrying on business as a\*works contractor / as a hotelier do hereby apply to pay sales tax by way of composition.

- \* (i) At the rate of 4% on the total value of the contract executed for the Government or local Authority subject to such conditions as may be prescribed.
- \* (ii) At the rate of 4% on 50% of the total consideration received or receivable for the contract other than State Government and local authorities subject to such conditions as may be prescribed.
- \* (iii) At the rate of 4% on 25% of the consideration received or receivable or the market value fixed for the purpose of stamp duty whichever is higher, for the contract of constructing and selling of residential apartments, houses, buildings or commercial complexes subject to such conditions as may be prescribed.
- \* (iv) At the rate of 12.5% on 60% of the total consideration charged for food and drink to such conditions as may be prescribed.

The details of contracts for which composition is opted for are given below :

Sl. No.	Name & Address of the Contractee	Nature of Contract	Date of Contract	Full value of the Contract

**Signature of the Dealer,  
Stamp and Seal**

(\* Strike off whichever is not applicable)

**FORM VAT 250A**

**APPLICATION FOR WITHDRAWAL FOR PAYMENT OF  
TAX BY WAY OF COMPOSITION**

[See Rules 17 (3) (c), 17 (4) (c) & 19 (5)]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____ Address: _____ _____
---

I / We carrying on buisnes as works contractor \* involving contract to other than Government and local authorities / construction and selling of residential apartments, houses, buildings or commercial complexes etc., / hotelier, have opted for composition scheme for payment of tax vide my application in Form VAT 250 Dated \_\_\_\_\_ and am/are accordingly paying the taxes regularly.

I / We intend to withdraw the option of composition wiht effect from \_\_\_\_\_ (last day of the month) which may please be accepted.

From \_\_\_\_\_ (First day of the month) onwards I / We shall be accounting the VAT taxes due under the provisions of Section \_\_\_\_ of APVAT Act 2005.

**Signature of the Dealer**  
**Stamp and Seal**

(\* Strike off whichever is not applicable)

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 305**

**ASSESSMENT OF VALUE ADDED TAX**

[ See Rule 25 (5) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>																											
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02	TIN																														

03. Name _____ Address: _____ _____
---

Upon examination of your records on \_\_\_\_\_ and the issue of Form VAT 305 A on \_\_\_\_\_ the correct amount of VAT under the provisions of APVAT Act 2005 has been determined as follows.

- \* This has resulted from :—
1. Your agreement at the time of visit on \_\_\_\_\_
  2. After consideration of your reply received in this office on \_\_\_\_\_
  3. Your failure to respond to the notice issued on Form VAT 305 A on \_\_\_\_\_
- The total amount payable by you is explained below:

Tax period	Particulars (input tax/output tax)	Tax declared / net credit/ Or Refund Claimed	Tax Found to be due/ net credit Or Refund due	Tax Over declared Due to dealer	Tax under declared Due to Tax Department	Penalty ..... %	Interest @ 1 % of ..... month(s)	Total Due to Tax Department

**Total amount due to Tax Department**  

Complete in duplicate.  
\*Delete as appropriate

**Explanation for the above proposals :**

- \* **A** The amount of \_\_\_\_\_ shall be paid within 30 days of receipt of this order. Failure to make the payment will result in recovery proceedings under the APVAT Act 2005.
- \* **B** Your refund claim is reduced to \_\_\_\_\_ and this amount will be refunded to you.

THE PROOF OF PAYMENT OF THE AMOUNT SPECIFIED AT 'A' ABOVE TOGETHER WITH DUPLICATE COPY OF THIS ORDER AND PAYMENT BOXES COMPLETED SHALL BE SUBMITTED WITHIN THE SPECIFIED TIME LIMIT.

An appeal against this order can be filed before the Appellate Deputy Commissioner within 30 days of receipt of this order.

**Commercial Tax Officer,**  
\_\_\_\_\_ **Circle.**

ON DUPLICATE COPY OF THE ORDER

Payment details:

Challan/ Instrument No.	Date	Bank/Treasury	Branch Code	Amount

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 305A**

**NOTICE OF ASSESSMENT OF VALUE ADDED TAX**

[ See Rule 25 (5) ]

01. Tax Office Address : ..... ..... .....	Date    Month    Year <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>												
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03. Name _____ Address: _____ _____
---

Examination of your records on \_\_\_\_\_ has shown that the correct amounts of Value Added Tax have not been declared in the VAT returns listed below. Under the provisions of APVAT Act 2005 the following tax amounts are proposed to be assessed for the tax periods shown below.

Tax period	Particulars (input tax/output tax)	Tax declared / net credit/ Or Refund Claimed	Tax Found to be due/ net credit Or Refund due	Tax Over declared Due to dealer	Tax under declared Due to Tax Department	Penalty .... %	Interest @ 1 % of .... month(s)	Total Due to Tax Department

**Total amount due to Tax Department**

Complete in duplicate.

Explanation for the above proposals :

If you have any objections to the assessment proposed above, you are requested to file written objections along with documentary evidence if any, within 7 days of date of this notice failing which orders will be passed without any further notice in the matter.

**COMMERCIAL TAX OFFICER,**  
\_\_\_\_\_ **CIRCLE.**



**FORM VAT 307**

**NOTICE OF UNDER DECLARATION OF  
VALUE ADDED TAX**

[ See Rule 23 (6) (b) ]

01. Tax Office Address : ..... ..... .....		Date	Month	Year	
	02	TIN			

03. Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

On examination of your application on Form VAT 213 Dated \_\_\_\_\_ it is noticed that you have under declared the VAT. The same is now considered and interest payable by you on such under declared tax is calculated as shown below :

Tax Period	Tax Declared on returns	Tax found to be correct as per your application	Tax Under declared	Interest @ 1% per month
<b>Total</b>				

The amount under-declared shall be paid along with interest calculated within 30 days of receipt of this notice.

Failure to make payment will result in recovery proceedings under the APVAT Act 2005.

**COMMERCIAL TAX OFFICER,**  
 \_\_\_\_\_ **CIRCLE.**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 308**

**NOTICE OF OVER-DECLARATION OF  
VALUE ADDED TAX**

[ See Rule 23 (6) (b) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN									
----	-----	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

On examination of your application on Form VAT 213 Dated \_\_\_\_\_ it is noticed that you have over declared VAT due. The same is now considered and allowed to claim as credit as following :

Tax Period	Input Tax declared	Output Tax declared	Input Tax found to be correct	Output Tax found to be correct	Tax Under / Over - declared	Total Amount Payable / Creditable

You are requested to adjust the amount of credit due in the next VAT return due to be filed after the receipt of this notice.

COMMERCIAL TAX OFFICER,  
\_\_\_\_\_ CIRCLE.

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 351**

**NOTICE OF CLAIM FOR REFUND BY A VAT DEALER**

[ See Rule 35 (9) (a) ]

01. Tax Office Address : ..... ..... .....
---

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name _____ Address: _____ _____
---

It is to inform you that an amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)  
has been due from the department as refund in pursuance of order of  
assessment / order passed in appeal or revision.

The above refund has been adjusted towards tax / penalty / interest for an  
amount of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

The total / balance amount of refund of Rs. \_\_\_\_\_ (Rupees  
\_\_\_\_\_ only) is  
due from the department.

Therefore you are requested to confirm the above claim of refund within 15  
days from the date of this notice in Form VAT 352.

**Signature of the Officer,  
Designation, Stamp & Seal**

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 352**

**CONFIRMATION OF THE CLAIM OF REFUND**

[ See Rule 35 (9) (b) ]

01. Tax Office Address :  
.....  
.....  
.....

Date	Month	Year

02	TIN																		
----	-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

03. Name \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Ref : Notice for claim of refund in Form VAT 351 Dated \_\_\_\_\_

I have received the notice cited in the reference and confirm that :

- \* The total Refund amount Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) is due from the department.
- \* After adjustment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) towards tax / penalty / interest the balance amount Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) is due from the department.

(\* Delete which is not appropriate)

**Signature of the Officer,  
Designation, Stamp & Seal**

**FORM VAT 360**

**APPLICATION FOR CLAIM OF REFUND FOR THE  
TAX PAID ON SALES OR PURCHASES OF  
GOODS SPECIFIED UNDER SECTION 4 (2)**

[ See Rule 35 (10) (c) &amp; (e) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year						
	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	02	TIN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

03. Name _____
Address: _____
_____

I / We request that under the provisions of Rule 35 (10) of the Andhra Pradesh Value Added Act, 2005, I / We may be granted refund of the tax paid under the Act in respect of goods, the particulars of which are given in the Schedule below :-

04	Serial Number	
05	Name and address of the dealer who paid tax under Section 4 (2) of the Act	
06	GRN of the dealer	
07	Date of sale of goods by the dealer who paid the tax under Section 4 (2) of the Act	
08	Description of the goods and Quantity	
09	Amount of tax paid	Rs.
10	Date of commencement of inter-State movement or the date of inter-State sale	
11	Amount for which the applicant sold the goods	Rs.
12	Challan number and date of remittance of Central Sales Tax paid in respect of the goods	

Place :

**Signature**

Date :

**Status & Relationship to the dealer**

**FORM APP 400****FORM OF APPEAL UNDER SECTION 31**

[ See Rule 38 (2) (a) ]

01. Tax Office Address : ..... ..... .....	Date	Month	Year
	02	TIN	

03. Name _____
Address: _____
_____

I wish to appeal against the following decision / assessment received from the tax office on \_\_\_\_\_

04	Date of filing of appeal	
05	Reasons for delay (if applicable enclose a separate sheet)	
06	Tax Period / Tax Periods	
07	Tax Office decision / assessment Order No : Date/Authority who passed orders	
08	Grounds of the appeal (use separate sheet if space is insufficient)	
09	If Turnover is disputed : (a) Disputed turnover (b) Tax on the disputed turnover	Rs. Rs.
10	If rate of tax is disputed (a) Turnover involved (b) Amount of tax disputed	Rs. Rs.
11	12.5% of the above disputed tax paid	Rs.

(The payment particulars are to enclosed if already paid along with the reasons on Form APP 400A)

## 10. Payment Details :

Challan/ Instrument No.	Date	Bank/ Treasury	Branch Code	Amount
<b>Total</b>				

**Declaration :**

I hereby declare that the information provided on this form to the best of my knowledge is true and accurate.

Name \_\_\_\_\_ Being (title) \_\_\_\_\_

Signature of the Appellant & Stamp. \_\_\_\_\_ Date of declaration \_\_\_\_\_

Please Note : A false declaration is an offence.

Enclosure :—

- (1) Original Notice of Decision / Assessment
- (2) Proof of payment of disputed tax.
- (3) Reasons for delay (if applicable)
- (4) Reasons for not paying the disputed tax on Form APP 400A (if applicable)

**FORM APP 400A**

**DECLARATION**

[ See under Section 31 (1)] [Rule 38 (2) (d) ]

TIN/GRN <input style="width: 100%;" type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Date</td> <td style="text-align: center; padding: 2px;">Month</td> <td style="text-align: center; padding: 2px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> <td style="border: 1px solid black; width: 33%; height: 20px;"></td> </tr> </table>	Date	Month	Year					
Date	Month	Year							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">From</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> </table>	From	.....	.....	.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">To</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> </tr> </table>	To	.....	.....	.....
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To									
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I / We \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ appellant named in the appeal preferred herein as \_\_\_\_\_ (Dealer / Firm Name) with TIN / GRN \_\_\_\_\_ hereby declare that

- \* the tax admitted to be due, or of such instalments as have been granted and the payment of 12.5% of the difference of tax assessed by the authority have been paid, for the relevant tax period in respect of which the appeal is preferred, the details of which are given below.
- \* no arrears are due from me for the relevant tax period for which appeal is preferred due to the reasons :

\_\_\_\_\_

\_\_\_\_\_

<b>Total Tax Paid :</b>	
(a) Cheque / DD particulars : Number _____	Date _____
Bank _____	Branch _____
(b) Cash Particulars :	Receipt No : _____ Date : _____
(c) Challan particulars :	Challan No : _____ Date : _____
Name of the Treasury _____	

**Signature**  
**Status and relationship to the dealer**

(\* Strike off whichever is not applicable)



**FORM APP 401****FORM OF APPEAL MEMORANDUM TO THE  
APPELLATE TRIBUNAL**

[ Under Section 33] [See Rule 44 (1) (a) ]

**In the Sales Tax Appellate Tribunal,****Andhra Pradesh**

No. of 200

<b>Appellant (s)</b>	<b>Versus</b>	<b>Respondent</b>
1 Name, address and TIN/GRN No. of the Dealer		
2 Tax period / Tax periods		
3 Authority passing the original order in dispute.		
4 Appellate Deputy Commissioner of Commercial Taxes passing the order under Section _____ or the Deputy Commissioner or Joint Commissioner (Commercial Taxes) Legal, Passing an order under Section _____		
5 Date of communication of the order now appealed against		
6 Address to which notice may be sent to the Appellant		
7 Address to which notices may be sent to the Respondent		
8 Relief claimed in appeal : (a) Taxable turnover determined by the assessing authority passing the assessment order disputed. (b) Taxable turnover confirmed by (Appellate Deputy Commissioner of Commercial Taxes or by Deputy Commissioner or Joint Commissioner (Commercial Taxes) as the case may be) (c) If taxable turnover is disputed (i) disputed taxable turnover (ii) tax due on the disputed taxable turnover (d) If rate of tax is disputed : (i) taxable turnover involved Rs. (ii) amount of tax                      Rs. (e) Specify, if any, other relief claimed		
9 Grounds of appeal etc.,		

**(Signed) Petitioner (s)****(Signed) Athorised Representatives if any**

**VERIFICATION**

**I / We the appellant(s) do hereby declare that what is stated above is true to the best of my /our knowledge and belief.**

Verified to day the \_\_\_\_\_ day of \_\_\_\_\_ 200

**(Signed) Petitioner (s)**  
**(Signed) Athorised Representatives if any**

***Note :***

1. The appeal should be in quadruplicate and should be accompanied by our copies (at least one of which should be original or an authenticated copy) of the appealed against and also three copies of the order of the assessing authority.
2. The appeal should be accompanied by a treasury receipt in support of having paid :
  - (a) In case where the levy of tax or penalty is disputed a fee calculated at the rate of two percent of the disputed tax or penalty subject to a minimum of Rs. 100/- and a maximum of Rs. 2,000/- ; and
  - (b) In all other cases a fee of Rs. 100/-
3. The appeal should be written in English and should set forth concisely and under distinct heads the grounds of appeal without any argument or narrative and such grounds should be numbered, consecutively.