## FORM VAT-XV-H

[See rule 50(4)]

Form of return to be furnished by a Retail-sale dealer paying the lumpsum under sections 16(2)

Original/Duplicate copy of return for the quarter end	ed D	D-	M	M-	Y	T		
on:								
1. Dealer's identity								
Name and style of M/s								
business								
Address	Contact No							
TIN								

# 2. Lumpsum payable on purchases of taxable goods during the return period

		Taxable turnover (a)	Amount of tax (b)
From registered dealers in the	1st		
State ach month	2 <sup>nd</sup>		
	3rd		

## 3. Details of tax deposited

Sr.	Name of treasury	Treasury receipt (TR)/DD/PO			For office use		
No.	where tax deposited or						
	Bank on which DD/	Type of	No.	Date	Amount	DCR	Date
	Pay order drawn/RAO	Instrument				No.	
	Excess paid brought						
	forward from last return.						
	Total						

# 4. Account of forms printed under the Government authority/ required to be authenticated by the assessing authority

Sr. No.	Type of Form	1 0	Blank forms received or authenticated during the return period	forms used during the	Aggregate of amount of transaction for which forms used			
(1)	VAT							
(3)								
5. Statutory declarations in Form C or Form F furnished with the return and No of Forms amount of transactions for which forms Amount of Transactions furnished.								
		Decla	ration					
I,(name in CAPITALS), hereby, solemnly affirm that I am authorised to furnish this return and all its contents including tables, lists, statements, declarations, certificate and other documents appended to it for filled with it are true, correct and complete and nothing has been concealed therefrom.  Place:								
Date:	Date: {Signature}							
Status: Tick ( $$ ) applicable [Karta, proprietor, partner, director, president, secretary, manager, authorised officer]								
(For use in the office of the Assessing Authority)								
(1) Date of data entry in computer								
` ' '	<ul><li>(2) Signature of the official making the data entry:</li><li>(Affix stamp of name and designation)</li></ul>							
` '	(3) Signature of the Assessing Authority with date: (Affix stamp of name and designation)							

## **ACKNOWLEDGEMENT**

Received	from	M/s		TIN
	a return	in <b>Form VA</b> T	Γ-XV-H for the qu	arter
	Assessing A	Authority/		
			Excise a	nd Taxation Inspector,
		(when post	ed in circle outside	District Headquarters)
		, -	Circle	District
				(SEAL)
Date				