Form VAT-XV-E

[See rule 47 (5)]

Form of return to be furnished by a Lottery Dealer

Original/Duplicate copy of return for the quarter ended on: DD - MM - YY										
	er's identity									
Name	and style of	M/s							_	
busines	SS									
Addres	S				act No.					
TIN			Econo	mic Activity						
2. Deta Serial No.	Type of Dea	No. of draws during the tax period			thereon Lump sum tax payable in respect of each draw					
			-					x period		
(1)	Daily lottery	7	<u> </u>			<u> </u>				
(2)	Weekly lotte		<u> </u>			<u> </u>				
(3)	Monthly lot					1				
(4)	Festival lotte									
(5)	Instant lotte									
Total Tax payable = Paid = Note: Date-wise details of each type of draw are attached separately as per Annexure(s) 3. Account of forms printed under the Government authority or required to be authenticated by Assessing Authority										
Serial No.	Type of Form	Opening st the beginn the return pe	ing of	Blank received authentica during return peri	or ted the	Number Form during return period	used	Number forms stock at end return period	of in the of	
(1)	TIAT		l.	I				i		

Declaration	appended		
I (: CADITALE) 1111			
I,(name in CAPITALS), hereby, solemnly affirm that I am autl	thorised to		
furnish this return and all its contents lists, statements, declarations, certificate as			
it or filled with it are true, correct and complete and nothing has been concealed	therein		
Place:			
Date: {Signature}	{Signature}		
(For use in the office of the Assessing Authority) (1) Date of data entry in VAT-XVII register/ computer			
(2) Signature of the official making the data entry:			
(Affix stamp of name and designation)			
<u>ACKNOWLEDGEMENT</u>			
Received from M/s	TIN		
a return in Form VAT-XV-D of tax payable under sec	ection 20		
for the month ofalongwith a list in Forms LS-2.			
Assessing Authority/ Excise and Taxation 1	Inspector,		
(when posted in circle outside District Head CircleDistrict	dquarters)		
	(SEAL)		

Date_____

Annexure to return in form VAT- XV-E

Date-wise details of Daily/Weekly/Monthly/Festival and Instant Draw during the period to

Sr. No.	Date of Draw	Name of organizer(s) of the draw	Number of draws on the	Rate of lump-	Tax Pay- Able	Date of payment		TR no. or DD No. Alongwith the name	DCR No. and date	
			date	per draw		Due	Actual	of Bank	(to be filled by the office)	
<u></u>				Total						
				Declar	ation		J			
		(name				•	-	affirm that d correct.	I am	
Dat Sta	Place: Date: [Signature] Status: Tick (√) applicable {Karta, proprietor, partner, director, president, secretary, manager, authorised officer]									
Not	te: Separ	rate statement	s to be atta	ached fo	r each	type o	f draw.			
Pla	ce:			S	ignatu	re of tl	he Deale	r or his auth	orised	
				a	gent					

Date: