

# FORM VAT-XV-G

[See rule 50(4)]

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

D    D-    M    M-    Y    Y

**Original/Duplicate copy of return for the quarter ended on :**

**1. Dealer's identity**

Name and style of business	M/s														
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 State		

**3. Details of tax deposited**

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

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

Sr. No.	Type of Form	Opening stock at the beginning of the return period	Blank forms received or authenticated during the return period	Number of forms used during the return period	Aggregate of amount of transaction for which forms used
(1)	VAT				
(2)					
(3)					

**5. Statutory declarations in Form C or Form F furnished with the return and amount of transactions for which forms furnished.**

No of Forms

Amount of Transactions


**Declaration**

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:

{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:

(2) Signature of the official making the data entry:  
(Affix stamp of name and designation)

(3) Signature of the Assessing Authority with date:  
(Affix stamp of name and designation)

**ACKNOWLEDGEMENT**

Received from M/s.  TIN  a return  
in Form VAT-XV-H for the quarter.

Assessing Authority/

Excise and Taxation Inspector,  
(when posted in circle outside District Headquarters)

Circle  District   
(SEAL)

Date

---