

**MONTHLY RETURN TO BE FILED BY THE GOVERNMENT DEPARTMENTS**

[See Rule 23(13)]

**Return to be filled by the state Government Departments who are liable to pay tax under the APVAT Act, 2005.**

<p>Year</p> <div style="border: 1px solid black; padding: 5px;"> <p>01. Tax Office Address:.....</p> <p>.....</p> <p>.....</p> <p>.....</p> </div>	<p>Date                      Month</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-top: 10px;"></div>
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03. Name of the Government Department: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

04. Period from \_\_\_\_\_ to \_\_\_\_\_

**5 Purchases in the period (seller-wise)**

Sl. No	Name of the Dealer from whom purchased	TIN/GRN	Invoice No	Date	Commodity	Purchase Value

**06. Sales in the period (purchaser-wise)**

Sl. No	Name of the Dealer to whom sold	TIN/GRN if any	Invoice No/ Note No	Date	Commodity	Sale Value	Tax Due

05


**07. Tax payment details:**

Sl.No	Total Tax payable	Tax paid	Cheque/D.D./Pay order/ Challan No.	Date

**08. Declaration:**

I, Mr/Mrs/Miss -----, authorized to file the return on behalf of the -----Department, declares that the information furnished in this return is true and correct.

Signature of Authorised Officer  
Designation: