

Government of India/State
Department of -----

GSTR-9

[See Rule.....]

ANNUAL RETURN

[To be furnished by the 31st December of the next Financial Year]

1. **GSTIN**
 2. **Name of the Taxable Person**
- (S. No. 1 and 2 will be auto-populated on logging)
- 2C. **Whether liable to Statutory Audit** **Yes** **No**
3. **Date of statutory Audit**
 4. **Auditors**

5. Details of expenditure:

- (a) Total value of purchases on which ITC availed (inter-State)

Goods

S. No.	Description	HSN Code	UQC	Quantity	Tax Rate	Taxable Value	IGST Credit

Services

S. No.	Description	Accounting Code	Tax Rate	Taxable Value	IGST Credit

b) Total value of purchases on which ITC availed (intra-State)

Goods

S.No	Description	HSN Code	UQC	Quantity	Taxable Value	Tax Rate		Tax Credit	
						CGST	SGST	CGST	SGST

S.No.	Goods/Services	Purchase Value

(e) Sales Returns

S.No	Goods	HSN Code	Taxable Value	IGST	CGST	SGST

(f) Other Expenditure (Expenditure other than purchases)

S. No.	Specify Head	Amount

6. Details of Income:

(a) Total value of supplies on which GST paid (inter-State Supplies)

Goods

S. No.	Description	HSN Code	UQC	Quantity	Tax Rate	Taxable Value	IGST

Services

S. No.	Description	Accounting Code	Tax Rate	Taxable Value	IGST

(b) Total value of supplies on which GST Paid (intra-State Supplies)

Goods

S.No	Description	HSN Code	UQC	Quantity	Taxable Value	Tax Rate		Tax	
						CGST	SGST	CGST	SGST

Services

S.No	Description	SAC	Taxable Value	Tax Rate		Tax	
				CGST	SGST	CGST	SGST

(c) Total value of supplies on which GST Paid (Exports)

Goods

S.No	Goods	HSN Code	UQC	Quantity	Tax Rate	FOB Value	IGST	Custom Duty

Services

S.No	Services	SAC	Tax Rate	FOB Value	IGST

(d) Total value of supplies on which no GST Paid (Exports)

Goods

Sl.No	Goods	HSN Code	UQC	Quantity	Tax Rate	FOB Value

Services

Sl.No	Services	SAC	Tax Rate	FOB Value

(e) Value of Other Supplies on which no GST paid

Sl. No.	Goods/Services	Value

(f) Purchase Returns
Goods

Sl. No	Goods	HSN Code	Taxable Value	IGST	CGST	SGST

Services

Sl. No	Services	SAC	Taxable Value	IGST	CGST	SGST

(g) Other Income (Income other than from supplies)

Sl. No.	Specify Head	Amount

7 Return reconciliation Statement

A IGST

Sl. No	Month	Tax Paid	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
	Total					

B CGST

Sl. No	Month	Tax Paid	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
	Total					

C SGST

Sl. No.	Month	Tax Paid	Tax Payable (As per audited a/c)	Difference	Interest	Penalty
	Total					

8. O Other Amounts@@**A Arrears (Audit/Assessment etc.)**

Sl. No.	Details of Order	Tax Payable	Interest	Penalty	Current Status of the Order
	Total				

B Refunds

Sl. No.	Details of Claim	Date of Filing	Amount of Refund	Current Status of the claim

This may be divided into parts:-

- i) amount already paid / refund already received during the year,
- ii) amount payable / refund pending.

9. Profit as Per the Profit and Loss Statement**Gross Profit****Profit after Tax****Net Profit**

I _____ hereby declare that the information given in this return is true, correct and complete in every respect. I further declare that I have the legal authority to submit this return.

Place:

Date:

(Signature of Authorized Person)

GSTR 9B Reconciliation Statement



GSTR 9B.xlsx

Government of India/State
Department of -----

GSTR-9A

SIMPLIFIED ANNUAL RETURN FOR COMPOUNDING TAXABLE PERSONS

1. **GSTIN**

2. **Name of the Taxable Person**

(S. No. 1 and 2 will be auto-populated on logging)

3. **Period of Return** From To

(to indicate the period for which the Taxable Person was compounding Taxable Person-dd/mm/yyyy)

3A **Year for which Return is being filed** From To.....

(to indicate the financial year)

4. Turnover Details

(figures in Rs.)

1	Gross Turnover (GSTIN)		
2	Gross Turnover (Entity)		

5. Details of expenditure:

A) Total value of local purchases including purchases from unregistered persons net off purchase return

(1) Goods (other than attracting reverse charge)

Whether goods have been procured?

Yes

No

Sl. No.	Description	HSN Code	Taxable Value	IGST paid	CGST paid	SGST paid

(2) Goods (attracting reverse charge)

Whether goods (attracting reverse charge) have been procured?

Yes

No

Sl. No.	Description	HSN Code	Taxable Value	IGST paid	CGST paid	SGST paid

(3) Services (other than attracting reverse charge)

Whether services (other than attracting reverse charge) have been procured?

Yes No

Sl. No.	Description	SAC	Taxable Value	IGST paid	CGST paid	SGST paid

(4) Services (attracting reverse charge)

Whether services (attracting reverse charge) have been procured? Yes

No

Sl. No.	Description	SAC	Taxable Value	IGST paid	CGST paid	SGST paid

B) Total value of purchases (Imports)

(1) Goods

Whether goods have been imported? Yes No

Sl. No.	Description	HSN Code	Taxable Value	CIF Value	IGST paid	Custom Duty paid

(2) Services

Whether services have been imported? Yes No

Sl.No.	Description	SAC	Taxable Value	IGST

C) Other Expenditure (Expenditure other than purchases)

Sl. No.	Specify Head	Amount

6. Details of Income:

A) Total Value of outward supplies made net off sales return (taxable and not taxable)

	Amount	Compounding Tax Rate	Compounding tax amount
Intra-state supplies (goods)			
Intra-state supplies (services)			
Exempted supplies			
Nil rated supplies			
Non GST Supplies			
Export			
Total			

B) Other Income (Income other than from supplies)

Whether the Taxable Person has income other than from supplies? Yes No

Sl. No.	Specify Head	Amount

7. Return reconciliation Statement

A Compounding tax (on outward supplies)

Sl. No.	Quarter	Turnover as per return	Tax Paid as per return	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
1	2	3	4	5	6	7	8
	Q1						
	Q2						
	Q3						
	Q4						
	Total						

B CGST Paid on reverse charge basis

_____ Have you paid CGST on reverse charge basis? Yes No

Sl. No	Quarter	Tax Paid as per return	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
	Total					

C SGST paid on reverse charge basis
 Have you paid SGST on reverse charge basis? Yes No

Sl. No	Quarter	Tax Paid as per return	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
	Total					

D IGST paid on reverse charge basis

Have you paid IGST on reverse charge basis? Yes No

Sl. No.	Quarter	Tax Paid as per return	Tax Payable (As per audited a/c)**	Difference	Interest	Penalty
	Total					

**

8. Other Amounts@@**A. Arrears (Audit/Assessment etc.)**

Sl. No.	Details of Order	Tax Payable	Interest	Penalty	Current Status of the Order
	Total				

B Refunds

Sl. No.	Details of Claim (ARN)	Date of Filing	Amount of Refund	Current Status of the claim

This may be divided into parts:-

- iii) amount already paid / refund already received during the year,
- iv) amount payable / refund pending.

9. Profit as Per the Profit and Loss Statement

Gross Profit

Profit after Tax

Net Profit

10. Declaration

I /We hereby declare that the above particulars are in accordance with the records and books maintained by me/us and correctly stated. I have correctly made the disclosures as provided under Goods and Services Tax Act, ____

Signatures

Note:

1. To be furnished by the 31st December of the next Financial Year

Government of India/State
Department of -----

Form GSTR-10

[See Rule ----]

**Final Return under ___ of Goods and Services Act, 2016
(For taxable person whose registration has been surrendered or cancelled)**

1.	GSTIN	To be auto populated.					
2.	Legal Name						
3.	Business Name						
4.	Address (Principal place of business)						
5.	Application Reference Number (ARN) of surrender application, if any						
6.	Effective Date of Surrender/Cancellation		(DD/MM/YYYY)				
7.	Whether cancellation order has been passed:		Yes / No				
8.	If Yes, Unique ID of Cancellation order						
9.	Date of Cancellation Order		(DD/MM/YYYY)				
10.	Particulars of closing Stock held on date of surrender / cancellation						

Sr No.	HSN Code	Description of goods	Type of Goods (Cap / Other)	Unit of measurement	Quantity	Price per unit	Value (fair mkt) (Rs.)	In case of CG, % points considered for reduction	ITC already availed (Rs.)			Rate of Tax		Output tax (Rs.)	
									CGST	IGST	SGST	CGST	SGST	CGST	SGST
1	2	3	4	5	6	7	8	8A	9	9A	10	11	11A	12	13
10.1 INPUTS AS SUCH															
10.2 INPUTS IN SEMI-FINISHED GOODS															

		Sl. No.		Particulars		Debit Entry No.		CGST		SGST	
		1	Amount of Tax payable					XXX		XXX	
		2	Amount of Tax paid								
10.3 INPUTS IN FINISHED GOODS		2A	ITC Ledger				XXXXXX	XXX		XXX	
10.4 INPUT SERVICES							XXXXXX	XXX		XXX	
		2B	Cash Ledger								
10.5 CAPITAL GOODS											
Total											

10A. Amount of tax payable on closing stock:-

Nature of Tax	Amount
CGST	Higher of col. 9 & 12
SGST	Higher of col.10 & 13

12.	Verification	<p>I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.</p> <p>Signature of Authorized Signatory _____ Full Name (first name, middle, surname)</p> <p>_____</p> <p>Designation/Status _____ Place - ----- Date --- DD/MM/YYYY</p>
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Government of India/State
Department of -----

Form GSTR - 11

[See Rule ----]

INWARD SUPPLIES STATEMENT FOR UIN

1. UIN ----- (to be auto-populated)

2. Name of the Government Entity : ----- (to be auto-populated)

3. Period:

3.1 Year
3.2 Month

Select ▼
Select ▼

4. Details of purchases made for consumption or use (other than for the purpose of making outward supplies)

GSTIN of supplier	Invoice					IGST		CGST		SGST	
	No	Date	Supplier Name	Value of Inward Supplies (figures in Rs.)	HSN / SAC	Rate	Amt. (figures in Rs.)	Rate	Amt. (figures in Rs.)	Rate	Amt. (figures in Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				

			To be auto-populated								
TOTAL											

Note:
Missed invoices details for inward supplies can be added by the UIN holder.

I _____ hereby declare that the information given in this statement is true, correct and complete in every respect. I further declare that I have the legal authority to submit this statement.

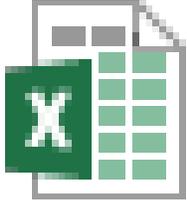
Place:

Date:

(Signature of Authorized Person)

- Note:
1. To be furnished by 28th of the month following the month for which statement is filed
 2. To be furnished by the persons holding UIN w.r.t. the inward supplies made during the month for consumption or use

GSTR ITC-1



GST_ITC 1.xlsx

Form GST -TRP -1

[See Rule]

Application for Enrolment as Tax Return Preparer under Goods and Services Tax Act, <<20...>>

S. No.	Particulars	M/O/D	
1.	Type of Application	M	New <input type="checkbox"/> Renewal <input type="checkbox"/>
2.	Enrolling Authority	M	Centre Authority <input type="checkbox"/> State Authority <input type="checkbox"/>
3.	State	M	
4.	Jurisdiction	M	
5.	Period of Enrollment	M	From To
6.	Enrolment sought as:	M	
6.1	Chartered Accountant holding COP		
6.2	Company Secretary holding COP		
6.3	Cost & Management Accountant holding COP		
6.4	Lawyer currently licensed to practice		
6.5	Retired employee of Centre / State Revenue Department		
6.6	Others		
7.	Applicant Details		

7.1	Name		
7.2	Date of Birth	M	
7.3	Gender	M	
7.4	Aadhar	O	
7.5	PAN	M	
7.6	Mobile Number	M	
7.7	Landline Number	O	
7.8	E Mail Id	M	
8.	Professional Address	M	
	Building No./ Flat No./ Door No.		
	Floor No.		
	Name of the Premises/ Building		
	Road/ Street Lane		
	Locality / Area /Village		
	District		
	State		
	PIN Code		
9.	Qualification Details	M	
	Qualifying Degree		
	Affiliation University/ Institute		

	Membership/ Enrollment Number		
	Date of Enrollment/ Membership		
	Membership Valid up to		

10. Verification and Declaration

I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed there form..

Signature of Authorized Signatory (Tax Return Preparer)

E-Sign/ DSC

Full Name (first name, middle, last name)

Place

Date

Government of.....

Department of

Form GST –TRP 1 A

[See Rule

Acknowledgement Receipt

Application Reference Number (ARN)

Your application has been successfully filed against <Acknowledgement Reference Number>

The status of the Application can be viewed through “Track Application Status” at dash board on the GST Portal.

Form No. :

Form Description:

Date of Filing :

Time of filing :

Name of the Applicant :

Center Jurisdiction :

State Jurisdiction:

Filed by : (Name of the Applicant TRP)

It is a system generated acknowledgement and does not require any signature.

Form GST TRP -2

(See Rule-)

Enrolment Certificate for Tax Return Preparer

Government of India

And

Government of <State>

Goods and Services Tax Department

Central Goods and Services Tax Act, <2017> and <State> Goods and Services Tax Act, <2017>

[See Rule of the Central Goods and Services Tax Rules, 2017 and Rule <Rule Number. of the State> of the <State> Goods and Services Rules Act, 2017]

1.	Enrolment Number	<Unique ID generated by the system>		
2.	PAN	PAN for which Provisional ID is generated		
3.	Name of the Tax Return Preparer	(Legal Name of the Taxable Person as per the data shared by States/Center)		
4.	Address and Contact Information			
Date	<Date of creation of Certificate>	Place	<State>	
Valid up to	<Date of valid up to>			
Office –Central/ State----				
Date	DSC of the Enrolment Authority			
Name and Designation.				

Department of -----
Government of -----
(State with which the TRP wants to enroll)

Form GST TRP- 3

[See Rule ----]

Reference No << Reference Number >>

<< Date >>

To

(Name of the Applicant) (As mentioned in the registration application)

(Address of the Applicant) (As mentioned in the registration application)

Application Reference No. (ARN)

Dated – DD/MM/YYYY

TRP Enrolment Number

**Notice for Seeking Additional Information / Clarification / Documents for
Application for Registration as Tax Return Preparer,**

or,

Show cause for disqualification in case of misconduct in connection to proceeding by Tax Return Preparer

This is with reference to your enrolment application referred above, filed under
the ---- Goods and Services Tax Act, 2016. The Department has examined your application and is not satisfied with it for the following reasons:-

1

2

Or

The Department has found guilty of misconduct in connection with following proceeding under the Act,:-

1

2

.....You are directed to submit the above said documents/ file reply / clarification on the above said points within << seven days >>(Date Picker).. If no response is received by the stipulated date(Date Picker), your application is liable for rejection/ Your enrolment is liable for cancellation.

Please note that no further notice / reminder will be issued in this matter.

Signature (digital)]
Name

(Designation)

Department of -----
Government of -----
(State with which the applicant wants to enroll)

Form GST TRP - 4

[See Rule ----]

Reference No << Reference Number >>

<< Date >>

To

(Name of the Taxable person) (As mentioned in the registration application)

(Address of the Taxable person) (As mentioned in the registration application)

Enrollment Number

Application Reference No. (ARN) (Latest)

Dated – DD/MM/YYYY

Order of Rejection of Application for enrolment as Tax Return Preparer/

Or

Disqualification to function as Tax Return Preparer

This is with reference to your enrolment application referred above, filed under the ---- Goods and Services Tax Act, 2016. The Department has examined your application and the same has not been found satisfactory for the following reasons:-

1

2

3

....

If you are not satisfied with the order, you can file an appeal in accordance with the provisions of the Act.

[Signature (digital)]

Name
(Designation)

Government of.....
Department of.....
(State with which TRP is enrolled)

Form GST -TRP 5

[See Rule ----]

Serial Number	Name of TRP	Category CA/CS/CA (Cost)/ Advocate/ Retd..Tax Officials/ Others	Enrolment Number	Address	Contact Number	Email id	Valid up to
1	2	3	4	5	6	7	8

Form GST TRP 6

[See Rule ---]

From
Taxable Person
Name
GSTIN /Unique ID/Temporary GSTIN
To
TRP (Enrolment Number)

Address

Subject:- Engagement of TRP

Sir/Madam

I <<name of the Authorized Signatory>> on behalf of the << Name with GSTIN/Unique ID/Temporary ID>> hereby request you to undertake following activities on our behalf :-

- € filing of statements of outward and inward supplies;
- € filing of monthly, quarterly, annual or final return;
- € making of payments for credit into the cash ledger;
- € file a claim for refund;
- € represent us in any proceeding under the Act other than inspection, search, seizure and arrest;
- € file an appeal to the First Appellate Authority;
- € file an appeal to the Appellate Tribunal *
- € file an application for amendment or cancellation of registration;
- € Application for fresh registration.

*(should be limited to CA /CS/ICWA & Advocates only)

You are requested to accept the engagement by utilizing the facility available on Common Portal. This engagement would be valid from the date and time of your acceptance on the Common Portal.

(Name of the Taxable Person with GSTIN)

Form GST TRP- 7

[See Rule ---]

From
Taxable Person
Name
GSTIN /Unique ID/Temporary GSTIN

To
TRP (Enrolment Number)

Address

Subject:- Disengagement from the assignment
Sir/Madam

I <<name of the Authorized Signatory>> on behalf of the << Name with GSTIN/Unique ID/Temporary ID>> hereby inform you to disengage from the following activities <with date and time> from DD/MM/YYYY with effect from HH/MM assigned to you with effect from DD/MM/YYYY :-

- € filing of statements of outward and inward supplies;
- € filing of monthly, quarterly, annual or final return;
- € making of payments for credit into the cash ledger;
- € file a claim for refund;
- € represent us in any proceeding under the Act other than inspection, search, seizure and arrest;
- € file an appeal to the First Appellate Authority;
- € file an appeal to the Appellate Tribunal *
- € file an application for amendment or cancellation of registration;
- € Application for fresh registration.

*(should be limited to CA /CS/ICWA & Advocates only)

You are requested to accept the disengagement by utilizing the facility available on Common Portal.