Government of India /State

 Department of --------------

**Form GST PMT –3**

(See Rule ---- )

**Electronic Cash Ledger of Taxpayer**

(To be maintained at the Common Portal)

 GSTIN –

 Name –

 Period - From ------- To -------- (dd/mm/yyyy)

 Act - /All

| **Sr. No****.** | **Date (dd/mm****/ yyyy)** | **Referenc e No.** | **Tax Period, if applicabl e** | **Descriptio n** | **Type of Transactio n****[Debit (DR)****/ Credit (CR)]** | **CGST/IGST/SGST** | **Balance** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ta x** | **Interes t** | **Penalt y** | **Fe e** | **Other s** | **Tota l** | **Ta x** | **Interes t** | **Penalt y** | **Fe e** | **Other s** | **Tota l** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# **Note –**

1. Reference No. includes BRN (Bank Reference Number), debit entry no., order no., if any, Ack No. of return in case of TDS & TCS credit.
2. Tax period, if applicable, for any debit will be recoded, otherwise it will be left blank.
3. GSTIN of deductor or collector (e-com), Challan Identification Number (CIN) of the challan against which deposit has been made. Cash balance transferred from cash ledger of transferor of business, Type of liability for which any debit has been made will also recorded under description.
4. Application no., if any, Show Cause Notice Number (SCN), Demand ID, pre-deposit for appeal or any other liability for which payment is being made will also be recorded under description.
5. Refund claimed from the ledger or any other debits made will be recorded accordingly.