

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** ……………………………………

1. **Name of the Taxable Person** ……………………………….

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

##### 2C. Whether liable to Statutory Audit Yes No

1. **Date of statutory Audit** ……………………………………..

4. **Auditors** ……………………………………………………

### 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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**Services**

| S.No | Description | SAC | Taxable Value | Tax Rate | Tax Credit |
| --- | --- | --- | --- | --- | --- |
| CGST | SGST | CGST | SGST |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

C) Total value of purchases on which ITC availed (Imports)

#### Goods

| S.No. | Description | HSN Code | UQC | Quantity | Tax Rate | CIF Value | IGST | CustomDuty paid |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Services**

| S.No. | Description | SAC | Tax Rate | Taxable Value | IGST |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Other Purchases on which no ITC availed

| S.No. | Goods/Services | Purchase Value |
| --- | --- | --- |
|  |  |  |
|  |  |  |

1. Sales Returns

| S.No | Goods | HSN Code | Taxable Value | IGST | CGST | SGST |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Other Expenditure (Expenditure other than purchases)

| S. No. | Specify Head | Amount |
| --- | --- | --- |
|  |  |  |
|  |  |  |

### Details of Income:

1. 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 |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. 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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |



****

1. Total value of supplies on which GST Paid (Exports)

##### Goods

| S.No | Goods | HSN Code | UQC | Quantity | Tax Rate | FOBValue | IGST | Custom Duty |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Services**

| S.No | Services | SAC | Tax Rate | FOB Value | IGST |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. 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 |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

1. Value of Other Supplies on which no GST paid

| Sl. No. | Goods/Services | Value |
| --- | --- | --- |
|  |  |  |
|  |  |  |

1. Purchase Returns Goods

| Sl. No | Goods | HSN Code | Taxable Value | IGST | CGST | SGST |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Services

| Sl. No | Services | SAC | Taxable Value | IGST | CGST | SGST |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |



1. Other Income (Income other than from supplies)



| Sl. No. | Specify Head | Amount |
| --- | --- | --- |
|  |  |  |
|  |  |  |

### 7 Return reconciliation Statement

##### IGST

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

1. **CGST**

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

##### SGST

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

1. O

##### A

**Other Amounts@@**

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 ofRefund | Current Status ofthe claim |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

This may be divided into parts:-

1. amount already paid / refund already received during the year,
2. amount payable / refund pending.

##### 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** ……………………………………

1. **Name of the Taxable Person** ……………………………….

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

1. **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)*

##### Turnover Details

(figures in Rs.)

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

1. **Details of expenditure**:
	1. 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?**

**O**Yes **O**No



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



##### Goods (attracting reverse charge)

**Whether goods (attracting reverse charge) have been procured? O** Yes **O** No

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

##### Services (other than attracting reverse charge)

**Whether services (other than attracting reverse charge) have been procured? O** Yes **O** No

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

##### Services (attracting reverse charge)

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

**O** No



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

* 1. Total value of purchases (Imports)



##### Goods

**Whether goods have been imported? O** Yes **O** No

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

##### Services

**Whether services have been imported? O** Yes **O** No

| Sl.No. | Description | SAC | Taxable Value | IGST |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. Other Expenditure (Expenditure other than purchases)

| Sl. No. | Specify Head | Amount |
| --- | --- | --- |
|  |  |  |
|  |  |  |

## Details of Income:

1. 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 |  |  |  |

1. Other Income (Income other than from supplies)

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

| Sl. No. | Specify Head | Amount |
| --- | --- | --- |
|  |  |  |
|  |  |  |

##  7. Return reconciliation Statement

##### Compounding tax (on outward supplies)

| Sl. No. | Quarter | Turnover as per return | TaxPaid 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 |  |  |  |  |  |  |

1. **CGST** Paid on reverse charge basis



Have you paid CGST on reverse charge basis? **O** Yes **O** No



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



1. SGST paid on reverse charge basis

Have you paid SGST on reverse charge basis? **O** Yes **O** No



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

1. **IGST** paid on reverse charge basis

Have you paid IGST on reverse charge basis? **O** Yes **O** No

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

\*\*



A. Arrears (Audit/Assessment etc.)

##### 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:-

1. amount already paid / refund already received during the year,
2. amount payable / refund pending.



##### Gross Profit

**Profit after Tax Net Profit**

##### 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. | HSNCode | Descrip tion of goods | Type of Goods (Cap / Other) | Unit of measur ement | Quantit y | Price per unit | Value (fair mkt) (Rs.) | In case of CG,% points consider ed for reduction | ITC already availed (Rs.) | Rate of Tax | Output tax (Rs.) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CGST | IGST | SGST | CG ST | 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** |

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 | 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.Signature of Authorized Signatory Full Name(first name, middle, surname)Designation/Status Place - Date --- DD/MM/YYYY |
| --- | --- | --- |

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

## Form GSTR - 11

*[See Rule ]*

#####  INWARD SUPPLIES STATEMENT FOR UIN

###### UIN ------------- (to be auto-populated)

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

###### Period:



1. **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**



| **8.** |  |
| --- | --- |
| Sl. No. | Details of Order | Tax Payable | Interest | Penalty | Current Status of the Order |
|  |  |  |  |  |  |
|  | Total |  |  |  |  |

# 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 Renewal |
| 2. | Enrolling Authority | M | Centre Authority State Authority  |
| 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 |  |
|  |



**Form GST –TRP 1 A**





## 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 ofPreparer | the | Tax | Return | (Legal Name of the Taxable Person as per the data shared by States/Center) |
| 4. | AddressInformation | and |  | Contact |  |
| 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. |



## Form GST TRP- 3



**Form GST TRP - 4**

| **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.