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

GSTR-*7*

***[See Rule… ]***

#  TDS Return

1. **GSTIN**: ………………..

1. **Name of Deductor** (S.No. 1 and 2 will be auto-populated on logging)
2. **Return period**: Month……………….. Year………………..



**(figures in Rs.)**

| **GSTIN****of deductee** | **Contract Details** | **Invoice/Document** | **Date of Payment to deductee** | **Value on which TDS is to be deducted** | **TDS\_IGST** | **TDS\_CGST** | **TDS\_SGST** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Date | Value | No | Date | Value | Rate | Amt | Rate | Amt | Rate | Amt |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

# 4A. Revision in TDS details

**(figures in Rs.)**

| **Revised/Original GSTIN****of deductee** | **Contract Details** | **Invoice/Document** | **Revised/Original Date of Payment to deductee** | **Revised/Original Value on which TDS is to be****deducted** | **TDS\_IGST** | **TDS\_CGST** | **TDS\_SGST** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Date | Value | No | Date | Value | Rate | Amt | Rate | Amt | Rate | Amt |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

#  5. Liability payable and paid

**(figures in Rs.)**

| **Description** | **IGST****Payable** | **CGST****Payable** | **SGST****Payable** | **Dr. No.** | **IGST Paid** | **CGST Paid** | **SGST Paid** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| TDS |  |  |  |  |  |  |  |
| Interest on delayed payment of TDS |  |  |  |  |  |  |  |
| Fees for late filing of return |  |  |  |  |  |  |  |
| Others (please specify) |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

# 6. Refund Claimed

| **S.No** | **Description** | **CGST** | **SGST** | **IGST** |
| --- | --- | --- | --- | --- |
| (1) | (2) | (3) | (4) | (5) |
| 1. | Refund claimed from cash ledger |  |  |  |
| 2. | Bank Account Number\* |  |  |  |

**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)**

Note:

1. To be furnished by 10th of the month succeeding the month of deduction