"FORM VAT-11 [See Rule 19] Return

1. GENERAL INFORMATION

1.1	Registration No. (7	(IN):	0	8							
1.2	Full Name of Deal	er :									
1.3	Address of princip	al place of business									
1.4	Phone No.s :	Mobile No. :			E-mai	1 ID :					
2. To be filled by dealers who have onted for newmont of tay under section											

2. To be filled by dealers who have opted for payment of tax under section 3(2)

		Amount
2.1	Gross Turnover	
	Deduct:-	
2.2	Turnover of allowable Sales Return	
2.3	Turnover of Exempted Goods	
2.4	Total Deduction (2.2+2.3)	
2.5	Taxable Turnover (2.1)-(2.4)	
2.6	Tax payable @	

3. To be filled by dealers who have opted for payment of tax under section 5

	Name of the opted Composition Scheme:	Amount
3.1	Gross Turnover for the return period under Composition Scheme	
3.2	Composition amount payable for the preceding year	
3.3	Composition amount payable for the return period :	
	(Calculation of composition amount as per the scheme)	
	(i)% of composition amount as per column 3.2 Rs	
	(ii) On the basis of annual gross turnover of the relevant year Rs	
	(iii) Other if any Rs	

4. To be filled by dealers who have opted for Exemption Certificate under section 8 (3)

S. No	Name of	Value	EC No.	EC issuing	Amount	Rate of	Amount	EC	d	
	awarder, work order no. and date		& date	authority	received from awarder	EC Fee	of EC fee		By Contractor	Total
1	2	3	4	5	6	7	8	9	10	11
4.1										
4.2										
4.3										

5. To be filled by dealers (i) who sell goods which has suffered tax under the Act at first point or on MRP (ii) who exclusively deal in exempted goods

		Amount
5.1	Gross Turnover	
5.2	Turnover of allowable Sales Return	
5.3	Balance	

6. Trading Account of the return period (for All Dealers)

		Amount		Amount
5.1	Opening Balance		Sales	
5.2	Purchases		Closing Stock	
5.3	Expenses		Gross loss	
5.4	Gross profit			
	Total		Total	

7. Details of Deposit

Tax Period		Due	Delay in	Due Amount			Deposited	Deposit	Mode of		
Form	То	Date	Deposit	Tax	Interest	Total	Amount	Date	Deposits		
Total											

8. Details of Late Fee

Last Date of filir	ng of Return	Date of submission of Return	Amount of Late Fee	Date of Deposit of late fee						
9. Summary Statement										

9.1 Balance due/excess paid, if any

Verification:

I verify that the above information and its enclosures is true and correct to the best of my knowledge and belief.

Enclos	sures (VAT-37, VAT-38, TDS	Certifica	te)									
								5	Signat	ure:		
								1	Vame	:		
								5	Status	:		
								I	Date	:		
						Ackr	nowlee	dgen	nent			
ID No								Ē [Date			
1.	Registration No. (TIN) :	0	8									
2.	Full Name of Dealer :											
3.	Gross Turnover											
4.	Amount of Tax Payable											
5.	Interest Payable											
6.	Late Fee payable											
7.	Total Amount Payable											
8.	Amount Deposited											
9.	Balance (8-7)	If va	alue is	s nega	ative,	return	is not	accep	table			