FORM VAT - 50

[See rule -19(3)(f) & 54(2)]

STATEMENT OF INTER-STATE SALES/USED FORM VAT-49

(All the entries should be filled in capital letters)

Assessment Year		Ι	<u></u> -	-]	R	leg	jist	rat	io	n N	lo.	(T	N)		I		I			
Quarter to which statement relates: First Second Third Fourth																						
1. Name of Dealer																						
2. Address																						
Bldg. No/ Name/ Area	Ц																					
Town/City District (State)	\square																					
Pin Code								Em	nail	ld [
Telephone Number(s)													F	FAX	(No	э.						

3. Details of Goods sold / Dispatched

S. No.		son to whom / dispatched	Parti	Serial No. of used form			
	Name & Address	Reg. No. (TIN)	No. of Invoice/ Challan	Date.	Name of Goods	Value/ Estimated value (in Rs.)	VAT-49

Place :

Date :

Name: Status: Signature

Signature

Declaration

I declare that the facts stated above are true to the best of my knowledge and belief and nothing has been concealed.

Pla	ace	:
_		

Date :

Name: Status:

<u>_</u> _
ACKNOWLEDGEMENT
Received from M/s
Registration No.(TIN)
with enclosures mentioned therein.