

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 301B

VALUE ADDED TAX POST AUDIT VISIT REPORT

Circle

Division

1. Name of VAT Dealer _____
2. TIN _____
3. Address(es) visited _____
4. Person(s) interviewed _____
5. Date and time of visit from _____ to _____

Post Visit Action:

Recommendation for further audit action (with reasons)

Form VAT _____/ Form VAT _____ Prepared _____ Amount _____
Date _____ Under-declaration Classification Code(s) _____ Noted in Computer Record.

Officer's Name _____ Officer's Signature _____

Check by Senior Officer

Report reviewed _____ Approved/Amended

Signature _____ Head of Audit Unit

Form VAT _____/ Form VAT _____ Approved Amount _____

Date forwarded to head of VAT Unit for issue _____

Date Issued _____ Head of VAT Unit _____ Signature _____