## **FORM 202 A**

## **APENDIX TO FORM 202**

## (List of purchase) [See sub-rule (3) of rule 19]

| R.C.No.                                                                                                                                           |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|------|---------------------------------|------|-----|--|------|--------------------------------------------------------------|-----|---------|---|-----|-------|---|
|                                                                                                                                                   |                                              |  |      |                                 |      | M/s |  |      |                                                              |     |         |   |     |       |   |
| address.   Tax period   FromToTo                                                                                                                  |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   | 4   |       |   |
| Tax                                                                                                                                               | period                                       |  | From |                                 |      |     |  | I O  |                                                              |     |         |   |     |       |   |
| A. List showing purchase for which the selling dealer issued tax invoice.                                                                         |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
| Sr.                                                                                                                                               | Tax Date. Name with RC No. of the registered |  |      |                                 |      |     |  |      | Turnover of purchase of taxable goods                        |     |         |   |     |       |   |
| No.                                                                                                                                               | Invoice                                      |  | d    | dealer from whom goods purchase |      |     |  |      |                                                              |     |         |   |     |       |   |
|                                                                                                                                                   | No.                                          |  |      | (a)                             |      |     |  |      |                                                              | (b) |         |   |     |       |   |
|                                                                                                                                                   |                                              |  |      |                                 | (i)  |     |  | (ii) | God                                                          | ods | Value o | f | Tax | Total | 1 |
|                                                                                                                                                   |                                              |  |      |                                 | Name | )   |  | R.C. | wi                                                           | th  | goods   |   |     |       |   |
|                                                                                                                                                   |                                              |  |      |                                 |      |     |  | No.  | HS                                                           | SN  |         |   |     |       |   |
| 1                                                                                                                                                 |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
| 2                                                                                                                                                 |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
|                                                                                                                                                   |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
| Total                                                                                                                                             |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
| I,(name in CAPITALS), hereby declare that the contents of the above lists and tables are true and correct and nothing has been concealed therein. |                                              |  |      |                                 |      |     |  |      |                                                              |     |         |   |     |       |   |
| Place:<br>Date:                                                                                                                                   |                                              |  |      |                                 |      |     |  | Name | Full signature of the authorised signatory<br>Name<br>Status |     |         |   |     |       |   |

An authorised person alone shall sign each page of this list. A list signed by any person not authorised or an unsigned list shall be treated as invalid. Note: