

Form FF- 02

(See Rule 39 of the Arunachal Pradesh Goods Tax Rules, 2005)

Arunachal Pradesh Goods Tax Exception Return Form

Instructions for filling Return Form

1. Please do fill all the fields clearly in the form. If any Field is not applicable, please write 'NOT APPLICABLE'.
2. Amount has to be mentioned in Indian rupees.
3. Return has to be filed within 7 days from the event triggering the obligation to pay the Tax/Penalty
4. In case of minors, the specimen signature of guardian/ trustee should be furnished
5. If you are using the Department Issued Challans then Report to Challan No printed on the Form, otherwise report the Bank Scroll No [it will be provided to you by the Bank where you deposit your tax and will be mentioned on the Bank Stamp].

1. Status of the person Filing Return	<input type="checkbox"/> Transporter	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> Importer	<input type="checkbox"/> Other
2. Full Name & Address of the person	_____ _____ _____	
3. Registration No/ Approval Number	_____	
4. Tax Period	_____	
5. Event triggering penalty	<input type="checkbox"/> Approved Transporter has released goods to a person in Arunachal Pradesh without receiving adequate proof of payment of tax from the importer <input type="checkbox"/> A Transporter (not being approved) has caused entry of goods in Arunachal Pradesh, on which tax is payable and without receiving adequate proof of payment of tax from the importer. <input type="checkbox"/> A transporter by air or rail has released goods to a person in Arunachal Pradesh without receiving adequate proof of payment of tax from the importer <input type="checkbox"/> Goods have been removed from an Approved warehouse for delivery to a person in Arunachal Pradesh <input type="checkbox"/> Goods have remained in Approved warehouse for more than one month after their deposit. <input type="checkbox"/> Other (Specify) _____ _____ _____	
6. Penalty due, (Rs)	_____	
7. Interest due(Rs)	_____	
8. Total payable (Rs)	_____	
9. Details of payment of tax/penalty	_____	

Sl	Name of Bank & Branch / Facilitation Counter	Challan No/ Scroll No	Date of Payment	Amount (Rs.)
1				
2				
3				
4				
5				
	Total			

24. Total Amount Paid (in Words) Rs. _____

Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Date	Name	Designation	Signature or Thumb Impression
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Stamp of the Firm.