GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 206

DEMAND FOR PAYMENT OF AMOUNT OUTSTANDING OF A VAT DEALER FROM THE BANK / THIRD PARTY

Date	Month	Year

Tax Office Address:
_____
_____
_____

*To
The Manager,
……..Branch,
……..…….

*To
Name of the Dealer / Person
Address ....……
.....

The dealer M/s_____

TIN											

has to pay the following amount outstanding to the Commercial Taxes Department

Tax Rs._____
Penalty Rs._____
Penal Interest Rs._____
Total Rs. _____

In accordance with the provisions of Section 29 of the APVAT Act 2005 ***(abstract enclosed),*** You are requested to make the payment of amount outstanding

* from the account of the above said Firm / Dealer
* the amount you are due to pay to the above said Firm / Dealer.

You are requested to pay the above amount outstanding within 7 days from the date of receipt of this notice.

Signature of the Officer,
Designation, Stamp & Seal

(*Strike off which is not applicable)
Note:- Complete in Triplicate.