

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 305

ASSESSMENT OF VALUE ADDED TAX

[See Rule 25(5)]

Date Month Year

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01. Tax Office Address:

02	TIN																		
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03. Name : _____
Address: _____

Upon examination of your records on ____ and the issue of Form VAT 305A on ____ the correct amount of VAT under the provisions of AP VAT Act 2005 has been determined as follows.

* This has resulted from : -

1. Your agreement at the time of visit on _____
2. After consideration of your reply received in this office on _____
3. Your failure to respond to the notice issued on Form VAT 305 A on _____

The total amount payable by you is explained below:

Tax Period	Particulars (input tax / output tax)	Tax declared/ net credit / Or Refund Claimed	Tax Found to be due/ net credit/ Or Refund due	Tax Over declared Due to dealer	Tax under declared Due to Tax Department	Penalty%	Interest @ 1% of .. month(s)	Total Due to Tax Department

Total amount due to Tax Department

Complete in duplicate.
*Delete as appropriate

Explanation for the above proposals:

***A** The amount of _____ shall be paid within 30 days of receipt of this order. Failure to make the payment will result in recovery proceedings under the AP VAT Act 2005.

***B** Your refund claim is reduced to _____ and this amount will be refunded to you.

THE PROOF OF PAYMENT OF THE AMOUNT SPECIFIED AT 'A' ABOVE TOGETHER WITH DUPLICATE COPY OF THIS ORDER AND PAYMENT BOXES COMPLETED SHALL BE SUBMITTED WITHIN THE SPECIFIED TIME LIMIT.

An appeal against this order can be filed before the Appellate Deputy Commissioner within 30 days of receipt of this order.

COMMERCIAL TAX OFFICER,
_____ **CIRCLE.**

ON DUPLICATE COPY OF THE ORDER

Payment details:

Challan/Instrument No.	Date	Bank / Treasury	Branch Code	Amount