

**FORM 2**

[See rule 6(2)]

**Order determining liability to pay tax under the Chhattisgarh Value Added Tax Act, 2005**

Name of the Dealer .....  
Address .....  
Registration Certificate No. (if any) .....  
Date from which liable to pay tax under the .....  
Chhattisgarh Value Added Tax Act, 2005.

The liability to pay tax under the Act has been determined from the aforesaid date for the reasons given below :

(here give reasons).....

Signature.....  
Commercial Tax  
Officer.....circle