

FORM 5
{See rule 8(4)}

**Return of a dealer opting for composition under section 11 of the Madhya Pradesh
Vat Act, 2002**

Quarter of F.Y. | TIN | 2 | 3 | | | | | | | | |

Name of the Dealer and address

Circle office

- (1) Gross Turnover during quarter
- (2) Turnover of tax free goods
- (3) Turnover of goods specified in part III of schedule II**
- (4) Taxable turnover[(1-(2+3))]
- (5) Turnover relating to sale of goods purchased included in (3)
- (6) Turnover relating to goods manufactured included in (3)
- (7) Lump-sum @1% on Turnover mentioned in serial number (4)
- (8) Lump-sum @4% on turnover mentioned in serial number (5)
- (9) Total Lump-sum Payable (7+8)

PAYMENT DETAILS:

| | | |
|--------------------|---------------------|---------------|
| Challan No. | Challan Date | Amount |
|--------------------|---------------------|---------------|

: List of Sales to the registered dealers
(Dealer wise list of sales of goods specified in Schedule II)

| Name of Dealer | TIN | Total Sales during the quarter |
|----------------|-----|--------------------------------|
| | | |
| | | |
| | | |

(Attach separate sheet in above format , if space provided is not sufficient.

Declaration

I(Name) being
..... of the above business firm do hereby declare that the information
and particulars given above in this return are true and correct to the best of my knowledge and belief.
Our option for composition submitted on has not been rejected or revoked.

Place.....

Date:

Signature of the dealer

For Office Use only

Return for the quarter of F.Y.

Submitted on: / /

Delay (if any){in days):

Signature of Receiving Official
(Employee id:)

Return entered into
application software on: / /

Signature of Data Entry Official
(Employee id:)

ACKNOWLEDGMENT

Return Receipt Number:

Date: / /

| | | |
|---------|--|---------|
| Quarter | | of F.Y. |
|---------|--|---------|

| | | | | | | | | | | | | | | | | | | | |
|------------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TIN | 2 | 3 | | | | | | | | | | | | | | | | | |
|------------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|--|---|
| Name of the Dealer and address <i>(Affix seal if filled manually)</i> | |
| Circle office | Signature of Receiving Official (Employee id:) |