

RETURN OF TOTAL TURNOVER OF CASUAL DEALER

[See sub-rule (5) of rule 52]

01. To
SALES TAX OFFICER/OFFICER IN
CHARGE OF _____
CHECK GATE, _____

D	D		M	M		Y	Y	Y	Y
		-			-				

02.	Period covered by the return																					
	D	D		M	M		Y	Y	Y	Y	From	D	D		M	M		Y	Y	Y	Y	To
			-			-								-			-					

03. NAME AND ADDRESS OF THE ENTERPRISE / DEALER	
PERMANENT ADDRESS	PRESENT ADDRESS

04. Date of commencement of business

D	D		M	M		Y	Y	Y	Y
		-			-				

05. Date of closure of business

D	D		M	M		Y	Y	Y	Y
		-			-				

06. Period for which the business continued.

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DAYS
(In words)

07. I _____ son/daughter/wife of _____, on behalf of
the dealer Sri _____ of _____ carrying on
business under the name and style of _____ furnish herewith the statement of total
turnover of sales of the said business during the period commencing from _____
and ending on _____ at _____.

08. STATEMENT OF TOTAL TURNOVER OF SALES OF THE BUSINESS :
 (Use separate sheet, if the space provided is found inadequate)

Description of goods subject to tax at the rate of	Quantity	Value	Total turnover/ estimated turnover of sales	Tax due on the turnover	Tax provisionally paid	Balance paid/ payable
1	2	3	4	5	6	7
1%						
4%						
12.5%						
20%						

09. I further furnish the following particulars in respect of the business:

(a) Status and relationship of the person with the business, who signs the return

Status	
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Relationship	
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(b) Name and address of the Principal place of business

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(c) Name and address of the other place(s) of business

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10. **DECLARATION**

I _____ do hereby declare that the information furnished in the above statement is true and correct to the best of my knowledge and belief.

Place _____

Date _____

Signature
 Status/Relationship to the business