

FORM 23**AUDIT PROFORMA – A**

[See sub-rule (5) of rule 54]

(Information to be submitted by dealers other than manufacturers in the following format prior to commencement of audit.)

Name of the dealer:	
Address of the dealer:	
Registration Certificate Number:	<input type="text"/>

Books of accounts Maintained :	
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Method of Accounting employed: (Tick whichever is applicable)	Cash	<input type="checkbox"/>	Mercantile	<input type="checkbox"/>
If there is any change in the method of Accounting from previous year.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Method of Valuation of Opening stock and Closing stock	FIFO	<input type="checkbox"/>	LIFO	<input type="checkbox"/>
	Other (specify)			

If there is any change in the method of Valuation from previous year.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Quantitative details of stock :

OPENING STOCK			
ITEMS	Qty.	Rate	Amount (Rs.)
TOTAL			

CLOSING STOCK			
ITEMS	Qty.	Rate	Amount (Rs.)
TOTAL			

DETAILS OF DEBTORS AT THE END OF THE YEAR.

Party's Name Address & R.C.No.	L.F. No.	Opening Balance	Sale made during the year	Receipts during the year/Any adjustment	Closing Balance	Remarks

DETAILS OF CREDITORS AT THE END OF THE YEAR.

Party's Name Address & R.C. No.	L.F. No.	Opening Balance	Purchase made during the year	Payments during the year /Any adjustment	Closing Balance	Remarks

PARTICULARS OF ALL LOANS / DEPOSITS

Name and address of the lender / depositor				
Income Tax PAN of the lender / depositor				
Maximum amount outstanding at any time during the year				
If the loan / deposit was squared up during the year (Please tick)	Yes		No	
If yes, give details				

DETAILS OF CASH AND BANK BALANCE

	Opening Balance	Closing Balance
Cash Balance		

Bank Balance		
If the bank balance agrees with the Bank Statement	YES	NO
If no, please submit Bank Reconciliation Statement.		

DETAILS OF OTHER INCOMES AS SHOWN IN THE PROFIT AND LOSS ACCOUNT:

Nature of Income	Head of Account	L.F. No.	Amount	Remarks

I, (Full name in BLOCK LETTERS) _____
 declare that the above information are true, correct and complete to the best of my knowledge and belief.

Date

Signature

Designation of the person
 making the statement