

FORM A6
Statement of Monthly Return
(See Rule 17F of A.P.G.S.T. Rules, 1957)

To

The Deputy Commercial Tax officer

I _____ Son
of _____ working
as _____ in the _____ Department
of Government furnish herewith Statements of total and taxable turnover in respect of the sales effected by the
Department for the month of _____.

1. Name of the Officer of the Department :

2. Designation of the Officer :

3. Name of the Department :

4. Address of the Office :

5. Particulars of payment

(a) Total Tax payable :

(b) Tax Paid :

(i) Cheque/DD particulars

Grand Total									

DECLARATION :

I, _____ Son/Daughter/Wife
of _____ declare that, to the best of my knowledge and belief,
the information furnished in the above Statement is true and complete.

Place : _____ Signature _____
Date : _____ Status and Relationship to the
dealer _____
letters) _____ Name (in block