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

To			
The Deputy Commercial Tax officer			
l		Son	
of		-	
as	in the		Department
of Government furnish herewith Statements			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	:		
4. Address of the Office	·		
5. Particulars of payment			
(a) Total Tax payable	:		
(b) Tax Paid	:		
(D) Tax Falu	•		

FORM A6 Statement of Monthly Return

	Number	:	Date :
	Bank	:	Branch :
(ii)	Cash(Receipt number if	paid)	
	Receipt No. :		Date :
(iii)	Challan Particulars		
	Number :		Date :
	Name of Treasury	:	

(c) Balance payable, if any (a)-(b) :

Statement of Commodity-wise tax and Turnover details No. of Commodities for Which Particulars are given

								- 	–
Commodity		Total Turnover	Exempted	Net Turnover	Total	Amount	Тах	Balance	Particulars
			Turnover		Tax due	of tax	provisionally	due	of payment
	0.1					collected	paid		of balance
Description	Code								due
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
									Amount Rs.
									Cheque/
									D.D.No.& Date
									ChallanNo.
									and Date
									Treasury

Grand Total							

DECLARATION :

of	Son/Daughter/Wife declare that, to the best of my knowledge and be information furnished in the above Statement is true and complete.				
Place :	Signature				
Date : dealer	Status and Relationship to the				
letters)	Name (in block				

http://esevaonline.com/htmlpages/Forms/Apgst/form_a6.htm (3 of 3) [6/9/2008 4:36:04 PM]