

Department of Value Added Tax

Form DVAT 17

(See Rule 28 of the Dadra & Nagar Haveli Value Added Tax Rules, 2005)

Composition Tax Return Form under the Dadra & Nagar Haveli Value Added Tax Regulation, 2005

Is it a Revised Returns

- Yes
 No

(If yes please fill up details in fields A and B and attach explanatory notes regarding discovery of mistake or error in the original return)

A. Receipt/Challan No. and date of original return filed

_____001 / 25/07/2005_____

B. Date of discovery of mistake or error

Registration No. 26000000001

Return Period

From Apr-05 To-June-05

1. Name of the Dealer ABCD PVT LTD
2. Address of the Dealer KHADOLI, SILVASSA.
3. Total Sales in period.....52000.....
4. Composition rate of tax.....1%.....
5. Output Tax520.....
6. Tax Paid520.....
7. Tax Deducted at Source (TDS)
(Attach original TDS certificates)
8. Balance Payable / Refundable (5-6-7).....520.....
9. Add: Interest
10. Total520.....

11. Details of payment of tax
(including proof of payment)

12. Challan No. and date

_____001 / 25/07/2005_____

13. Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Signature of authorised signatory

Name _____ RAJBHAI_PATEL _____

Designation _____

Place _____ SILVASSA _____

Date _____ 26 / 07 / 2005 _____

DD / MM / YYYY
