

FORM 203

(See sub-rule (4) of rule 19 and sub-rule (4) of rule 20)

MONTHLY/ANNUAL RETURN OF INCENTIVES

Registration Certificate No. _____

Monthly/Annual return to be filed by a dealer who is holding Certificate of exemption under entry No. _____ in the Schedule to the notification issued under section 5 (2)(b) of the Gujarat Value Added Tax Act, 2003.

1. Monthly return for the period from.....to.....
2. Annual Return for the year.....
3. Name of the dealer.....
4. Registration No.
5. Eligibility of Certificate issued by the Industries Commissioner:-
Issued byno.....date.....
6. Certificate of exemption issued by the Sales Tax Department
Issued by.....no.....date.....
7. Relevant entry no. of the notification issued under section 49(2) of the Gujarat Sales Tax Act, 1969, applicable to the dealer.(Entries Nos. 69, 118,175,255.)
8. Period for which exemption is granted from _____ to _____
9. (i) Amount of exemption granted as per certificate of exemption
Rs. _____
(ii) Additional amount of exemption granted vide certificate
no. _____
dated _____ Rs. _____
(iii) Total (i+ii) Rs. _____
10. Total amount of exemption availed of till the
Previous return for the period ending.....Rs.....
11. Balance of exemption available for avaiement (9-10) Rs.....
12. AVAILMENT DURING THE PERIOD OF THIS
RETURN.....Rs. _____

13. Amount payable to the Government on account of non-availment of exemption.

- (i) Amount payable toward tax
- (ii) Amount payable towards interest
- (iii) Amount payable towards penalty.

14. Amount payable to the Government on account of completion of exemption.

- (i) Amount payable toward tax
- (ii) Amount payable towards interest
- (iii) Amount payable towards penalty

I, Shri _____ of M/s

Do declare that the above statement is based on the books of accounts correctly, completely

And regularly maintained by me/the said firm in the course of my/its business and the particulars mentioned in the above statement are supported by the evidences envisaged in the Act, rules and notification etc, and are true and complete.

Date : _____ Signature of authorized person of eligible unit.