

ANNEXURE TO MONTHLY VAT RETURN

[See Rule 23(8)]

FORM VAT 225

**Return to be filled by VAT Dealers for special category of goods notified
by the Commissioner of Commercial Taxes / required by the
Dy.Commissioner(CT) concerned**

01. Tax Office Address:

Date Month Year

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02. TIN																			
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03. Name : _____

Address: _____

04. Period from _____ to _____

05 **Purchases in the period** **Value**

Sl. No	Name of the Dealer from whom purchased	TIN No	Invoice No	Date	Commodity	Purchase Value

Signature of VAT Dealer / Authorised person and status