FORM VAT-2 [ See rule 3,28, 32,37 and 46 ]

|   | CHALLAN<br>A<br>( To be retained in the Treasury )   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Invoice of Tax paid into Treasury/Sub Treasury/Branch o | State Bank of India/the State Bank of Patiala and credited the Head of Account 0040-Taxes on Sales, Trade ef |  |  |  |  |  |
| District :  | War  |  |  |  |  |  |
| Period From: / /  | 2 0 To: / /  |  |  |  |  |  |
| Last date of Payment :                                  |  |  |  |  |  |  |
| 1. By whom tendered                                     |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 2. Name of the person:                                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Complete Address :                                      |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| VRN/TRN:  | Demand/Disposal No.:   |  |  |  |  |  |
| (a) Voluntary Tax VAT/TOT                               | Rs.  |  |  |  |  |  |

| (b) Additional Demand :                                     | Rs.   |                    |
|---|---|--------------------|
| (c) Penalty U/s :   | Rs.   |                    |
| (d) Interest :  | Rs.   |                    |
| (e) Other deposits :  | Rs.   |                    |
| TOTAL IN FIGURES :  | Rs.   |                    |
| TOTAL IN WORDS :  | Rs.   |                    |
|   |   |                    |
| Certified that all the particulars given above are correct. |   |                    |
| Cinnature of depositors                                     |   |                    |
|   | (Designated Officer) Seal of Designated Officer         |                    |
|   |   | / / 2 0            |
|   | Seal of Designated Officer  Date :                      | and credited under |
|   | Seal of Designated Officer  Date :  FOR USE IN TREASURY | _                  |
| Receipt the sum of Rupees                                   | Seal of Designated Officer  Date :  FOR USE IN TREASURY | _                  |

| Invoice of Tax paid into Treasury/Sub | Treasury/ Branc |   | given t | o the l | ule 3,2<br>CH<br>Distric | ALLA<br>B<br>ct Exc | 37 and 4 <b>N</b> ise and | Taxation |   |   | nt 0040 | )-Taxe | es on S | Sales, |
|---------------------------------------|-----------------|---|---------|---------|--------------------------|---------------------|---------------------------|----------|---|---|---------|--------|---------|--------|
| District :                            |                 |   |         |         |                          |                     |                           |          |   |   |         |        | Waı     | rd :   |
| Period From :                         |                 | 1 |         | /       | 2                        | 0                   |                           | То       | : | / | '       |        | 1       | 2      |
| Last date of Payment :                |                 | 1 |         | /       | 2                        | 0                   |                           |          |   |   |         |        |         |        |
| 1. By whom tendered                   |                 |   |         |         |                          |                     |                           |          |   |   |         |        |         |        |
|                                       |                 |   |         |         |                          |                     |                           |          |   |   |         |        |         |        |
| 2. Name of the person:                |                 |   |         |         |                          |                     |                           |          |   |   |         |        |         |        |
|                                       |                 |   |         |         |                          |                     |                           |          |   |   |         |        |         |        |
| Complete Address :                    |                 |   |         |         |                          |                     |                           |          |   |   |         |        |         |        |
| VRN/TRN :                             |                 |   |         |         | Demar                    | nd/Dispo            | osal No.:                 |          |   |   |         |        |         |        |

| (a) Voluntary Tax VAT/TOT                      | Rs.   |                                       |   |
|--|---|---------------------------------------|---|
| (b) Additional Demand :                        | Rs.   |                                       |   |
| (c) Penalty U/s :                              | Rs.   |                                       |   |
| (d) Interest :                                 | Rs.   |                                       |   |
| (e) Other deposits :                           | Rs.   |                                       |   |
| TOTAL IN FIGURES :                             | Rs.   |                                       |   |
| TOTAL IN WORDS :                               | Rs.   |                                       |   |
| Certified that all the particulars given above | e are correct.                                  |                                       |   |
| Signature of depositors                        | (Designated Officer) Seal of Designated Officer | Date : / / / 2 0                      |   |
|  | FOR USE IN TREASURY                             | , , , , , , , , , , , , , , , , , , , |   |
| Receipt the sum of Rupees                      |   | and credited under                    | I |
| Account 0040-Taxes on Sales, Trade etc.        | 102 State VAT.                                  |                                       |   |
| Treasury Accountant                            |   |                                       |   |
|  |   |                                       |   |

Stamp of Treasury / Treasury Officer / Agent, State Bank of India / Sub-Treasury Officer

## **FORM VAT-2**

[ See rule 3,28, 32,37 and 46 ] **CHALLAN** 

| C<br>( To be given to the Depositor)  |                                      |  |  |  |  |
|---|--------------------------------------|--|--|--|--|
| Invoice of Tax paid into Treasury/Sub Treasury/ Branch of State Bank of India/the State Bank of Patiala and Taxes on Sales, Trade etc. 102 State VAT. | I credited the Head of Account 0040- |  |  |  |  |
| Di st ric t:  | Ward :                               |  |  |  |  |
| Period From: / / 2 0 To: /  | / 2 0                                |  |  |  |  |
| Last date of Payment : / / 2 0  |                                      |  |  |  |  |
| 1. By whom tendered   |                                      |  |  |  |  |
|   |                                      |  |  |  |  |
| 2. Name of the person:  |                                      |  |  |  |  |
|   |                                      |  |  |  |  |
| Complete Address :  |                                      |  |  |  |  |
|   |                                      |  |  |  |  |

| VRN/TRN :                             | Demand/Disposal No.:                                  |  |
|---------------------------------------|---|--|
| (a) Voluntary Tax VAT/TOT             | Rs.   |  |
| (b) Additional Demand :               | Rs.   |  |
| (c) Penalty U/s :                     | Rs.   |  |
| (d) Interest :                        | Rs.   |  |
| (e) Other deposits :                  | Rs.   |  |
| TOTAL IN FIGURES :                    | Rs.   |  |
| TOTAL IN WORDS:                       | Rs.   |  |
|                                       |   |  |
| Certified that all the particulars of | given above are correct.                              |  |
| Signature of depositors               | (Designated Officer) Seal of Designated Officer Date: |  |
|                                       | FOR USE IN TREASURY                                   |  |
| Receipt the sum of Rupees             | and credited under                                    |  |
| Account 0040-Taxes on Sales,          | Γrade etc. 102 State VAT.                             |  |

| Treasury Accountant |  | 1 |  |
|---------------------|--|---|--|
|                     | Stamp of Treasury / Treasury Officer /<br>Agent, State Bank of India /<br>Sub-Treasury Officer |   |  |

## **FORM VAT-2** [ See rule 3,28, 32,37 and 46 ] **CHALLAN** D (To be given to the Depositor) Invoice of Tax paid into Treasury/Sub Treasury/ Branch of State Bank of India/the State Bank of Patiala and credited the Head of Account 0040-Taxes on Sales, Trade etc. 102 State VAT. Di Ward: st ric From: 2 To: 2 Period 0 0 Last date of Payment: 2 0 1. By whom tendered 2. Name of the person:

Complete Address:

| VRN/TRN :                               | Demand/Disposal No.:                                  |  |
|---|---|--|
| (a) Voluntary Tax VAT/TOT               | Rs.   |  |
| (b) Additional Demand :                 | Rs.   |  |
| (c) Penalty U/s :                       | Rs.   |  |
| (d) Interest :                          | Rs.   |  |
| (e) Other deposits :                    | Rs.   |  |
| TOTAL IN FIGURES :                      | Rs.   |  |
| TOTAL IN WORDS:                         | Rs.   |  |
|   |   |  |
| Certified that all the particulars give | en above are correct.                                 |  |
| Signature of depositors                 | (Designated Officer) Seal of Designated Officer Date: |  |
|   | FOR USE IN TREASURY                                   |  |
| Receipt the sum of Rupees               | and credited under                                    |  |
| Account 0040-Taxes on Sales, Tra        | ade etc. 102 State VAT.                               |  |

| Treasury Accountant |  |  |
|---------------------|--|--|
| S                   | Stamp of Treasury / Treasury Officer /<br>Agent, State Bank of India /<br>Sub-Treasury Officer |  |