

**THE KERALA VALUE ADDED TAX RULES, 2005**

**FORM No.10A**

**RETURN**

(For presumptive tax dealers and dealers who deal in goods exempted from tax)  
(See Rule 24)

VAT OFFICE ADDRESS
-----------------------

Help Line contact person, PH No
---------------------------------

D	D		M	M		Y	Y
---	---	--	---	---	--	---	---

**DEALER DETAILS**

Name of the dealer .....							
Address of the dealer (Principal place of Business)							
Details of Branch		TIN					
Ph..... Fax... E-mail.....							
Return furnished for Principal Place of business OR Branch/ es at ..... (Strike out whatever Is not applicable)							

Year	
Return Period	

(specify whether quarterly/annual)

1.Period of Return (quarterly)

From	
To	

2. Particulars of goods purchased locally from registered dealers with value excluding tax.

Rate	Commodities	Value
0 %		
1 %		
4 %		
12.5 %		

3.Particulars of goods purchased from persons other than registered dealers

Rate	Commodities	Value	Purchase tax due U/s 6(2)
0 %			Nil
1 %			
4 %			
12.5 %			

4. Total sales turnover for the quarter : Rs.

5. Exemption claimed for goods other than medicines : Rs.

6. Exemption claimed for medicines : Rs.

7. Turnover of taxable goods for the quarter : Rs.  
[ (4)- (5+6)]

8. Presumptive Tax due on turnover of taxable goods: Rs.

9. Total Tax Due (3+8) : Rs.

10. Total tax paid : Rs.

11.Particulars of remittances.

CERTIFICATE. I  
(Only for dealers in medicines)

Certified that exemption claimed in respect of medicines is exclusively relating to medicines purchased locally from registered dealers who have opted for payment of compounded tax U/s 8 of the KVAT Act, 2003 or from any subsequent seller of such medicines and that the turnover in respect of medicines on which tax had not been paid on MRP has been included in the turnover of taxable goods.

CERTIFICATE . II

Certified that no imported goods have been sold and that no interstate/ export sales have been effected.

DECLARATION

I/We .....hereby declare that the particulars furnished herein are true and correct to the best of my/our knowledge and belief.

(SEAL) Signature  
Name and Status of the signatory

Enclosure : Statement of local purchase of medicines showing /Invoice No, Date, Value, and Particulars of supplier with TIN

Note:- Dealers who deal only in exempted goods need not fill in columns 2,3 and 6 to 11.