

THE KERALA VALUE ADDED TAX RULES, 2005

FORM No. 10 C

RETURN

[TO BE FILED BY AWARDERS QUARTERLY]

[See Rule 32]

<i>HELP LINE</i> contact persons/Ph. Nos.

DATE	D	D		M	M		Y	Y
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TO

Assessing Authority

Return Period

VAT OFFICE ADDRESS

Serial No.	Name and address of the contractor	Regn. Certificate No. if any and office of Regn.	Date of contract	Amount of contract	Period of completion of work	Whether the contract involves transfer of materials by the contractor	Payment so far effected	Amount deducted from the contract amount towards VAT	Details or payment of VAT	Remarks
1	2	3	4	5	6	7	8	9	10	11

DECLARATION

Ihereby declare that to the best of my knowledge and belief the information furnished in the above is true and correct.

Signature :

Name/designation/status

Place:

Date: