## FORM VAT-10 [See Rule 19] Quarterly Return

Date of filing
Signature of assessing
authority / authorized officer.

1.1	Name of dealer :
1.2	Registration No. (TIN)
1.3	Address :

2	Due date of filing	
3	Return period : From To	
4	DETAIL OF TURNOVER OF SALES	Amount
4.1	Gross Turnover [Including turnover of purchase liable to tax u/s4(2)]	
	Deduct:	
4.2	Sales returns within the Return Period	
4.3	Turnover of Exempted Sales	
4.4	Turnover of goods taxable at first point which have already	
	suffered tax	
4.5	Turnover of Sales to exporters (against Form VAT-15)	
4.6	Turnover of Inter-State Sales	
4.7	Turnover of sales outside the State of Rajasthan	
4.8	Turnover of Export Sales	
4.9	Other deductions, if any:	
	1	
	2	
4.10	Total (4.2 to 4.9)	
4.11	Taxable Turnover [(4.1) – (4.10)]	

5	COMPUTATION OF OUTPUT TAX			
	Name of Commodity	Turnover	Tax Rate	Output Tax
5.1			1%	
5.2			4%	
5.3			12.50%	
5.4				
5.5				
5.6	Total:			

6	COMPUTATION OF PURCHASE TAX			
	Name of Commodity	Turnover	Tax Rate	Tax
6.1			1%	
6.2			4%	
6.3			12.50%	
6.4			%	
6.5			%	
6.6	Total:			

7	REVERSE TAX	Reverse Tax Amount
7.1	On Return of goods purchased (including capital goods).	
7.2	On goods purchased from registered dealers for a purpose specified in Section 18 (1) (a) to (g) and disposed off otherwise.	
7.3	On Stocks remained in case of switch over of option. [See Rule 17(3)]	
7.4	In any other case (Please specify)	
7.5	Total:	

8	COMPUTATION OF INPUT TAX (OTHER THAN CAPITAL GOODS EXCEEDING RUPEES ONE LAC PER ITEM)		
8.1	Purchase value (excluding VAT) as per VAT invoices	Tax Rate	Input Tax
8.2	-	1%	
8.3		4%	
8.4		12.50%	

8.5		%	
8.6	Total:		

9	COMPUTATION OF INPUT TAX ON CAPITAL GOOD EXCEEDING RUPEES ONE LAC PER ITEM		
9.1	Purchase value (excluding VAT) as per VAT invoices	Tax Rate	Input Tax
9.2	-	4%	
9.3		%	
9.4	Total:		
9.5	ITC claimed in the Quarter:		
9.6	ITC carried forward **		

10	COMPUTATION OF INPUT TAX FOR LEASE TRANSACTIONS		
	Purchase value (excluding VAT) as per VAT invoices of	Tax Rate	Input Tax
	leased goods or raw materials thereof		
10.1		1%	
10.2		4%	
10.3		12.50%	
10.4		%	
10.5	Total:		

11	COMPUTATION OF TOTAL INPUT TAX	AMOUNT
11.1	Amount adjustable from balance of input tax of earlier tax periods,	
11.2	On purchases of goods other than capital goods [as per 8.6]	
11.3	On Capital goods	
11.4	On Leasing of goods	
11.5	Total Input Tax:	

12	TAX PAYABLE/ DEFERRED	AMOUNT
12.1	Total TAX PAYABLE [(5.6) +(6.6)+(7.5)]	
12.2	Total Input Tax (11.5)	
12.3	Net Tax Payable [(12.1) – (12.2)]	
12.4	Tax Deferred.	

13	DETAILS OF DEFERMENT/ EXEMPTION	Name	Period	Amount
13.1	Name of Deferment/ Exemption Scheme with E. C. No.			
13.2	Eligible Amount and Period			
13.3	Extent of Deferment/ Exemption			
13.4	Amount availed up to last Quarter			
13.5	Amount availed during the Quarter			
13.6	Balance eligible Amount			

14	DETAILS OF DEPOSITS						
	Period	Due Date	Deposit Date	Amount	Delay in Deposit	Interest Payable	Interest deposit date
14.1							
14.2							

15	ADJUSTMENTS			
	When the Net Payable amount (12.3) is negative	Period	Amount	
15.1	Adjust against CST dues (Specify period)			
15.2	Adjust against VAT dues (Specify period)			
15.3	Adjustment under Repealed Act (Specify period)			
15.4	Any other dues			
15.5	Balance carried forward [(12.3) - (15.1 to 15.4)]			

16	REFUNDS			
16.1	Refund claimed	Cause of Refund	Amount	

<sup>17.</sup> Cases of evasion or avoidance made out by the Department, if any, during the tax period with date and result thereof:

18. Any other information which dealer wants to mention:

Enclosures (if any):					
1. Part IV of Challans					
2					
3					
4					
5					
6					
0:					
Signature					
Name:					
Status:					
Place:					
Date:					
Verification:					
I/We verify that the above information and its enclosures is true an	d correct to the best of my/our				
knowledge and belief.					
I /We declare on oath that I/We have assessed tax, interest and ot		cts			
and information, which is true and correct to the best of my /our kn	owledge and belief.				
Signature					
Name					
Status					
Place					
Date					
Acknowledgement:					
Number:					
Signature	Seal				
Name	Jean				
Designation					
Place					
Date					

## Instructions:

- This Form should be verified and signed by:
  a. Proprietor, in case of Proprietorship concern
  b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
  c. Managing Director or authorized signatory, in case of a Company
  d. Karta, in case of Hindu Undivided Family
  e. Authorised Signatory or Business Manager, in all other cases.
  Enclose additional sheet(s) in case this space is not sufficient
  Fnclose all documents/ evidence that you want to be considered
- Enclose all documents/ evidence that you want to be considered
  In the last quarter of the year or in the quarter of closure of business, Please attach the following additional documents:-
  - Deleted. a.
  - Deleted.
  - c. d.

  - Details of tax collected and deposited;
    Details of goods received on consignment / commission basis; and
    Details of goods dispatched as consignment or by way of stock / branch / depot transfers.