INTRASTATE SALES RETURN FORM

Tax Document for Local Sales Returns

TAXPAYER DETAILS (SELLER)

Trade Name:

Tax Registration No. (GSTIN):

Address:

State / Union Territory:

Return Period (Month/Year):

Date of Filing:

ORIGINAL INVOICE & CUSTOMER DETAILS

Customer Name:

Customer Tax No.:

Original Invoice No.:

Original Invoice Date:

Credit / Debit Note No.:

Credit / Debit Note Date:

DETAILS OF RETURNED GOODS / SERVICES

S.No.	Description of Goods / Services	HSN / SAC	Qty	Taxable Value	Central Tax (CGST)		State Tax (SGST)	
					Rate (%)	Amount	Rate (%)	Amount
1								
2								
3								
4								
			Total:					

DECLARATION

I hereby solemnly declare and affirm that the information given hereinabove is true, correct, and complete to the best of my knowledge and belief, and nothing has been concealed therefrom. The goods returned and the corresponding tax adjustments match the books of accounts maintained for intrastate transactions.

Authorized Signatory (Seller)

Receiver / Customer Sign & Stamp