Intrastate Sales Return

Credit Note No:

Date:

State Tax ID/GSTIN:

CUSTOMER INFORMATION

Customer Name:

Billing Address:

State/UT:

Customer Tax ID:

ORIGINAL INVOICE REFERENCE

Original Invoice No:

Original Invoice Date:

Place of Supply:

Reason for Return:

#	ITEM CODE	DESCRIPTION OF GOODS	QTY	UNIT PRICE	TAX RATE	TAX AMOUNT	TOTAL CREDIT

Taxable Value	
State Tax (SGST)	
Central Tax (CGST)	
Total Credit Amount	

AUTHORIZED SIGNATORY

CUSTOMER ACCEPTANCE SIGNATURE