THE ASSAM VALUE ADDED TAX RULES, 2005 FORM-35

[See Rule 28(5)(b)]

FORM OF RETURN TO BE FURNISHED BY A PERSON RESPONSIBLE FOR DEDUCTION OF TAX AT SOURCE

| | For | the yea | r end | ed on: | DD MM YY | | | | | | | | | | | |
|--|-------------------------|---|---------|-----------|----------------------|---|---|--|-----|--|----|---|-----|----------|--|--|
| | | | | | | | | | - | | | - | | | | |
| 1. Person's/Department's identity | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | |
| Α | ddress | 5 | | | Contact No. | | | | | | | | | | | |
| Г | ales Ta educti o. | ll l | | | | | | | | | | | | | | |
| 2. Particulars of bills against which payment is made, tax deducted and paid : | | | | | | | | | | | | | | | | |
| | Sl. No. | Name and complete address of the person/dealer /contractor with TIN | | | Bill No. and date | Bill amount | Bill amou paid | | | | ta | Details of tax deposited (challan No., date and amount) | | | | |
| | (a) | (b) | | | (c) | (d) | (e) | | (f) | | | | (g) | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| <u>DECLARATION</u> | | | | | | | | | | | | | | | | |
| I, (name in CAPITALS), do hereby, solemnly affirm that I am authorised to furnish this return and that all its contents are true, correct and complete and nothing has been concealed therein. | | | | | | | | | | | | | | n ete | | |
| Place: | | | | | | | | | | | | | | | | |
| | Date | : : | | | responsi | Name and Signature of the person responsible for deducting tax with designation and seal. | | | | | | | | | | |
| <u>ACKNOWLEDGEMENT</u> | | | | | | | | | | | | | | | | |
| The undersigned acknowledges having received the original of this return on the date mentioned below: | | | | | | | | | | | | | ned | | | |
| | (1) I | Date of 1 | receipt | of return | 1: | | (2) [Signature with stamp of name & designation of receipt clerk] | | | | | | | | | |