

FORM VAT 135

[See Rules 138, 139 and 140]

ANNUAL STATEMENT

(Please fill up Part 2/3/4 whichever is applicable)

| | | | |
|-------------------------------|---------------------------|------------------|--|
| 1) General Information | | | |
| 1.1) Name : | 1.4) Year : | | |
| 1.2) Address : | 1.5) Type of statement : | Original/Revised | |
| 1.3) TIN : | 1.6) L.V.O./V.S.O. code : | | |

2) For Trader, Manufacturer, Processor, Hoteliers, Restaurateurs, Caterers, Sweetmeat stall, Ice Cream parlours and Bakeries.

| Particulars | Amount in (Rs) |
|--|----------------|
| 2.1) Total Turnover/Total consideration in the period | |
| 2.2) URD purchases liable to tax u/s 3(2) | |
| 2.3) Balance Turnover liable for composition tax (Box No..2.1 Less Box No.2.2) | |

| Sl.No. | Classification | Rate | Amount(Rs.) | TAX (Rs.) |
|--------|---|------------------------|-------------|-----------|
| 2.4) | Composition rate of tax at 1% | | | |
| 2.5) | Composition rate of tax at 4% | | | |
| 2.6) | URD purchases liable to tax at 4% | | | |
| 2.7) | URD purchases liable to tax at 12.5% | | | |
| 2.8) | URD purchases liable to tax at other rates | | | |
| 2.9) | Total Tax Due (Box No.2.4 to Box No.2.8) | | | |
| 2.10) | Tax Paid | | | |
| 2.11) | Tax paid particulars Ch./DD/Challan No.:_____ Date:_____ Bank:_____ | | | |
| | I/We hereby declare that the particulars furnished above are true and complete in all respects. | | | |
| | Date : | Signature : | | |
| | Place : | Name and designation : | | |
| | | Status : | | |

3) For a dealer having mechanized stone crushing unit

| | Size of Crushing Machine | Number of Crushing Machine | Tax Per machinery (in case of Granite Metal Crushing unit) | Tax Per machinery (in case of non-granite Metal Crushing unit) | Total Tax Liability (Rs) |
|------|--------------------------|----------------------------|--|--|--------------------------|
| 3.1) | 39' X 9' | | Rs. 16,500.00 | Rs. 10,000.00 | |
| 3.2) | 16' X 9' | | Rs. 8,250.00 | Rs. 5,000.00 | |
| 3.3) | 12' X 9' | | Rs. 4,000.00 | Rs. 3,000.00 | |
| 3.4) | Total Tax Due | | | | |
| 3.5) | Tax Paid | | | | |

3.6) Tax Paid Particulars: Ch./DD/Challan No._____ Date:_____ Bank:_____

I/We hereby declare that the particulars furnished above are true and complete in all respects.

Signature:_____ Name:_____ Status:_____ Date:_____

| 4) For Works Contractors who purchases/obtains goods locally as well as from outside the State/Country | | | | |
|--|--|-------|-------------|----------|
| Particulars | | | Amount (Rs) | |
| 4.1) Total consideration pertaining to works contract including the turnover of traded goods | | | | |
| Less: 4.2) Sub contractor's turnover | | | | |
| 4.3) Value of Goods Purchased /obtained from outside the state/country and transferred in the execution of works contract. | | | | |
| 4.4) Turnover of Traded goods | | | | |
| 4.5) Balance turnover of works contract | | | | |
| SL.No. | Classification | Rate | Amount(Rs) | TAX (Rs) |
| 4.6) | Turnover liable for works contract (refer Box No.4.5) | 4% | | |
| 4.7) | Turnover of Traded goods (refer Box No.4.4) | 4% | | |
| 4.8) | Turnover of Traded goods (refer Box No.4.4) | 12.5% | | |
| 4.9) | Value of goods purchased/obtained outside the State/Country (refer Box No.4.3) | 4% | | |
| 4.10) | Value of goods purchased/obtained outside the State/Country (refer Box No.4.3) | 12.5% | | |
| 4.11) | Total | | | |
| Details of Tax Payment | | | | |
| 4.12) Tax Payable | | | | |
| 4.13) TDS (certificate enclosed) | | | | |
| 4.14) Balance (Box 4.12 – 4.13) | | | | |
| 4.15) Tax paid | | | | |
| 4.16) Tax paid particulars Ch./DD/Challan No: _____ Date: _____ Bank _____ | | | | |
| I/We hereby declare that the particulars furnished above are true and complete in all respects. | | | | |
| Signature: _____ Name: _____ Status: _____ | | | | |
| Date: _____ | | | | |

| 5 ENTRY TAX – ANNUAL STATEMENT | | | |
|---|---|-----------------------------|-------------|
| (Applicable to dealers' who are liable to tax under the KTEG ACT, 1979) | | | |
| 5.1 | TOTAL PURCHASES : Value of goods liable for entry tax both Local, Interstate and Imports including freight and inward expenses : _____ | | |
| | LESS: | | |
| 5.2 | Purchases within the local Area, Purchases against Form-40 | | |
| | Purchase Returns, Re-exports : _____ | | |
| | Others : _____ | | |
| 5.3 | TAXABLE TURNOVER : _____ | | |
| 5.4 | CALCULATION OF ENTRY TAX PAYABLE | | |
| | Description of Goods | Taxable Value | Tax Payable |
| | Goods Taxable @ 1% | | |
| 5.5 | Goods Taxable @ 2% | | |
| 5.6 | Goods Taxable @ 5% | | |
| 5.7 | Goods Taxable (others) | | |
| 5.8 | TOTAL | | |
| 5.9 | Tax paid particulars:- Rs. _____ Cash/DD/Challan No: _____ Date: _____ | | |
| 5.10 | Bank: _____ | | |
| | I/We declare that the particulars furnished above are true and complete in all respects. | | |
| | Place : _____ | Signature : | |
| | Date : _____ | Name and designation/Seal : | |
| | Incomplete forms will be deemed to be invalid and penalties relating to non-filing will apply. | | |
| | Note: If the Return is not applicable then it can be written as ``N.A'' | | |
| SPECIAL ENTRY TAX – ANNUAL STATEMENT | | | |
| 6 | (Applicable to dealers who are liable to tax under the Karnataka Special Tax on Entry of certain Goods Act, 2004) | | |
| | TOTAL PURCHASES: | | |
| | Value of goods liable for KSTECG both Interstate and Imports including freight and inward expenses : _____ | | |
| | LESS: | | |
| 6.1 | | | |
| 6.2 | a) Exemption (Please specify) | : _____ | |
| | b) Purchase Returns | : _____ | |
| | c) Re-exports | : _____ | |
| | d) Others | : _____ | |
| 6.3 | TAXABLE TURNOVER : _____ | | |
| | Description of the Notified Goods | Taxable Value | Tax Payable |
| 6.4 | Goods Taxable @4% | | |
| 6.5 | Goods Taxable @ 12.5% | | |
| 6.6 | Goods Taxable (others) | | |
| 6.7 | TOTAL | | |
| 6.8 | Less: CST Paid as per Section 4(2) of KSTECG Act | | |
| 6.9 | Balance Tax Payable | | |
| 6.10 | Tax Paid particulars : Rs. _____ Cash / DD / Challan No: _____ Date : _____ | | |
| | Bank: _____ | | |
| | I/We declare that the particulars furnished above are true and complete in all respects. | | |
| | Place : _____ | Signature : | |
| | Date : _____ | Name & Designation / Seal : | |
| | Incomplete forms will be deemed to be invalid and penalties relating to non-filing will apply. | | |
| | Note : If the Return is not applicable then it can be written as "N.A." | | |

