

FORM GST ASMT - 01*[See rule 98(1)]***Application for Provisional Assessment under section 60**

| | |
|------------|--|
| 1. GSTIN | |
| 2. Name | |
| 3. Address | |

| 4. Details of Commodity / Service for which tax rate / valuation is to be determined | | | | | | | | |
|--|-----|----------------------------|-------------|----------------|----------------|--------|-----------|---|
| Sr. No. | HSN | Name of commodity /service | Tax rate | | | | Valuation | Average monthly turnover of the commodity / service |
| | | | Central tax | State / UT tax | Integrated tax | Cesses | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | | | | | | | | |
| | | | | | | | | |
| 5. Reason for seeking provisional assessment | | | | | | | | |
| 6. Documents filed | | | | | | | | |

7. Verification-

I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised
Signatory
Name
Designation / Status -----
Date -----

FORM GST ASMT - 02

[See rule 98(2)]

Reference No.:

Date:

To

_____ GSTIN

-----Name

_____ (Address)

Application Reference No. (ARN)

Dated

Notice for Seeking Additional Information / Clarification / Documents for provisional assessment

Please refer to your application referred to above. While examining your request for provisional assessment, it has been found that the following information/documents are required for processing the same:

<<text>>

You are, therefore, requested to provide the information /documents within a period of<< 15 days>>from the date of service of this notice to enable this office to take a decision in the matter. Please note that in case no information is received by the stipulated date your application is liable to be rejected without any further reference to you.

☐

You are requested to appear before the undersigned for personal hearing on << Date -
-- Time ---Venue --->>.

Signature

Name

Designation

FORM GST ASMT – 03*[See rule 98(2)]***Reply to the notice seeking additional information**

| | | |
|---|------------|-------------|
| 1. GSTIN | | |
| 2. Name | | |
| 3. Details of notice vide which additional information sought | Notice No. | Notice date |
| 4. Reply | | |
| | | |
| 5. Documents filed | | |
| | | |

6. Verification-

I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Name

Designation / Status

Date

FORM GST ASMT – 04

[See rule 98(3)]

Reference No.:

Date

To

GSTIN -

Name -

Address -

Application Reference No. (ARN)

Dated

Order of Provisional Assessment

This has reference to your application mentioned above and reply dated-----, furnishing information/documents in support of your request for provisional assessment. Upon examination of your application and the reply, the provisional assessment is allowed as under:

<<text>>

The provisional assessment is allowed subject to furnishing of security amounting to Rs.-----
----- (in words) in the form of ----- (mode) and bond in the prescribed format by ----
----- (date).

Please note that if the bond and security are not furnished within the stipulated date, the provisional assessment order will be treated as null and void as if no such order has been issued.

Signature

Name

Designation

FORM GST ASMT - 05
[See rule 98(4)]
Furnishing of Security

| 1. GSTIN | | | | | |
|--|------|--|------|-----------|--------------|
| 2. Name | | | | | |
| 3. Order vide which security is prescribed | | | | Order No. | Order date |
| 4. Details of the security furnished | | | | | |
| Sr. No. | Mode | Reference no. / Debit entry no. (for cash payment) | Date | Amount | Name of Bank |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| | | | | | |

Note – Hard copy of the bank guarantee and bond shall be submitted on or before the due date mentioned in the order.

5. Declaration -

- (i) The above-mentioned bank guarantee is submitted to secure the differential tax on the supply of goods and/or services in respect of which I/we have been allowed to pay taxes on provisional basis.
- (ii) I undertake to renew the bank guarantee well before its expiry. In case I/We fail to do so the department will be at liberty to get the payment from the bank against the bank guarantee.
- (iii) The department will be at liberty to invoke the bank guarantee provided by us to cover the provisional assessment in case we fail to furnish the required documents/ information to facilitate finalization of provisional assessment.

Signature of Authorised Signatory

Name

Designation / Status -----

Date -----

Bond for provisional assessment

[Rule 98(3) & 98(4)]

I/We.....of.....,hereinafter called "obligor(s)", am/are held and firmly bound to the President of India (hereinafter called "the President"/ the Governor of(State) (hereinafter called the "Governor") in the sum of.....rupees to be paid to the President/ Governor for which payment will and truly to be made. I/We jointly and severally bind myself/ourselves and my/our respective heirs/ executors/ administrators/ legal representatives/successors and assigns by these presents; Dated this.....day of.....;

WHEREAS final assessment of Integrated tax/ central tax/ State tax / Union territory taxon (name of goods/services or both-HSN:.....) supplied by the above bounded obligor from time to time could not be made for want of full information with regard to the value or rate of tax applicable thereto;
and whereas the obligor desires that the provisional assessment in accordance with the provisions ofSection 60 be made;

AND WHEREAS the Commissioner has required the obligor to furnish bank guarantee for an amount of rupees endorsed in favour of the President/ Governor and whereas the obligor has furnished such guarantee by depositing with the Commissioner the bank guarantee as aforementioned;
The condition of this bond is that the obligor and his representative observe all the provisions of the Act in respect of provisional assessment under section 60;

And if all dues of Integrated tax/ Central tax/ State tax/ Union territory tax or other lawful charges, which shall be demandable after final assessment, are duly paid to the Government along with interest, if any, within thirty days of the date of demand thereof being made in writing by the said Officer, this obligation shall be void;

OTHERWISE and on breach or failure in the performance of any part of this condition, the same shall be in full force and virtue:

AND the President/ Governor shall, at his option, be competent to make good all the loss and damages from the amount of bankguarantee or by endorsing his rights under the above-written bond or both;

I/We further declare that this bond is given under the orders of the Central Government/ State Government for the performance of an act in which the public are interested;

IN THE WITNESS THEREOF these presents have been signed the day hereinbefore written by the obligor(s).

Signature(s) of obligor(s).

Date :

Place :

Witnesses

(1) Name and Address

Occupation

(2) Name and Address

Occupation

Date

Place

Witnesses

(1) Name and Address

Occupation

(2) Name and Address

Occupation

Accepted by me this.....day of (month)..... (year)

.....of (Designation)

for and on behalf of the President of
India./ Governor of (state)".

FORM GST ASMT - 06

[See rule 98(5)]

Reference No.:

Date:

To

GSTIN -

Name -

Address -

Application Reference No. (ARN)

Date

Provisional Assessment order no. -

Date ----

Notice for seeking additional information / clarification / documents for final assessment

Please refer to your application and provisional assessment order referred to above. The following information / documents are required for finalization of provisional assessment:

<<text>>

You are, therefore, requested to provide the information /documents within a period of << 15 days>>from the date of receipt of this notice to enable this office to take a decision in the matter. Please note that in case no information is received by the stipulated date your application is liable to be rejected without making any further reference to you.

☐

You are requested to appear before the undersigned for personal hearing on << Date -
-- Time ---Venue --->>.

Signature

Name

Designation

FORM GST ASMT – 07

[See rule 98(5)]

Reference No.:

Date

To

GSTIN

Name

Address

Provisional Assessment order No.

dated

Final Assessment Order

Preamble - << Standard >>

In continuation of the provisional assessment order referred to above and on the basis of information available / documents furnished, the final assessment order is issued as under:

Brief facts –

Submissions by the applicant -

Discussion and finding -

Conclusion and order -

The security furnished for the purpose can be withdrawn after compliance with the order by filing an application.

Signature

Name

Designation

FORM GST ASMT - 08*[See rule 98(6)]***Application for Withdrawal of Security**

| | | | | | |
|--|------|--|------|--------|--------------|
| 1. GSTIN | | | | | |
| 2. Name | | | | | |
| 3. Details vide which security furnished | | | ARN | Date | |
| 4. Details of the security to be withdrawn | | | | | |
| Sr. No. | Mode | Reference no. / Debit entry no. (for cash payment) | Date | Amount | Name of Bank |
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| | | | | | |

5. Verification-

I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Name

Designation / Status -

Date -

FORM GST ASMT – 09

[See rule 98(7)]

Reference No.:

Date

To

_____ GSTIN
----- Name
_____ Address

Application Reference No.

dated

Order for release of security or rejecting the application

This has reference to your application mentioned above regarding release of security amounting to Rs. ----- [----- Rupees (in words)]. Your application has been examined and the same is found to be in order. The aforesaid security is hereby released. **Or**

Your application referred to above regarding release of security was examined but the same was not found to be in order for the following reasons:

<<text>>

Therefore, the application for release of security is rejected.

Signature
Name
Designation
Date

FORM GST ASMT - 10

[See rule 99(1)]

Reference No.:Date:

To _____

GSTIN:

Name :

Address :

Tax period - F.Y. -

Notice for intimating discrepancies in the return after scrutiny

This is to inform that during scrutiny of the return for the tax period referred to above, the following discrepancies have been noticed:

<<text>>

You are hereby directed to explain the reasons for the aforesaid discrepancies by -----
- (date). If no explanation is received by the aforesaid date, it will be presumed that you have nothing to say in the matter and proceedings in accordance with law may be initiated against you without making any further reference to you in this regard.

Signature
Name
Designation

FORM GST ASMT - 11*[See rule 99(2)]***Reply to the notice issued under section 61 intimating discrepancies in the return**

| | | | |
|-------------------------------|-------------|---------------|------|
| 1. GSTIN | | | |
| 2. Name | | | |
| 3. Details of the notice | | Reference No. | Date |
| 4. Tax Period | | | |
| 5. Reply to the discrepancies | | | |
| Sr. No. | Discrepancy | Reply | |
| | | | |

6. Amount admitted and paid, if any -

| Act | Tax | Interest | Others | Total |
|-----|-----|----------|--------|-------|
| | | | | |
| | | | | |

7. Verification-

I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorised Signatory

Name

Designation / Status -----

Date –

FORM GST ASMT-12

[See rule 99(3)]

Reference No.:

Date:

To

GSTIN

Name

Address

Tax period -

F.Y. -

ARN -

Date -

Order of acceptance of reply against the notice issued under section 61

This has reference to your reply dated ----- in response to the notice issued vide reference no. ----- dated --- . Your reply has been found to be satisfactory and no further action is required to be taken in the matter.

Signature

Name

Designation

[FORM GST ASMT - 13*[See rule 100(1)]*

Reference No.:

Date:

To

_____ (GSTIN/ID)

_____ Name

_____ (Address)

Tax Period :

F.Y. :

Return Type :

Notice Reference No.:

Date :

Act/ Rules Provisions:**(Assessment order under Section 62)**

Preamble - << standard >>

The notice referred to above was issued to you under section 46 of the Act for failure to furnish the return for the said tax period. From the records available with the department, it has been noticed that you have not furnished the said return till date.

Therefore, on the basis of information available with the department, the amount assessed and payable by you is as under:

Introduction :

Submissions, if any :

Discussions and Findings :

Conclusion :

Amount assessed and payable (Details at Annexure):

(Amount in Rs.)

| Sr. No. | Tax rate | Turnover | Tax period | | Ac t | POS (Place of supply) | Tax | Interes t | Penalt y | Other s | Tota l |
|------------|-------------|----------|---------------|----|---------|------------------------------------|-----|--------------|-------------|------------|-----------|
| | | | Fro m | To | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | |
| Tota l | | | | | | | | | | | |

Please note that interest has been calculated up to the date of passing the order. While making

payment, interest for the period between the date of order and the date of payment shall also be worked out and paid along with the dues stated in the order.

You are also informed that if you furnish the return within a period of 30 days from the date of service of this order, the order shall be deemed to have been withdrawn; otherwise, proceedings shall be initiated against you, after the aforesaid period, to recover the outstanding dues.

Signature
Name
Designation
Jurisdiction
Address

Note –

1. Only applicable fields may be filled up.
2. Column nos. 2, 3, 4 and 5 of the above Table i.e. tax rate, turnover and tax period are not mandatory.
3. Place of Supply (POS) details shall be required only if demand is created under IGST Act.]¹⁴¹

¹⁴¹Substituted vide Notf No. 16/2019-CT dt. 29.03.2019wef 01.04.2019

FORM GST ASMT - 14

[See rule 100(2)]

Reference No:

Date:

To _____

Name

Address

Tax Period --

F.Y. -----

Show Cause Notice for assessment under section 63

It has come to my notice that you/your company/firm, though liable to be registered under section ----- of the Act, have/has failed to obtain registration and failed to discharge the tax and other liabilities under the said Act as per the details given below:

Brief Facts –

Grounds –

Conclusion -

OR

It has come to my notice that your registration has been cancelled under sub-section (2) of section 29 with effect from ----- and that you are liable to pay tax for the above mentioned period.

Therefore, you are hereby directed to show cause as to why a tax liability along with interest not be created against you for conducting business without registration despite being liable for registration and why penalty should not be imposed for violation of the provisions of the Act or the rules made thereunder.

In this connection, you are directed to appear before the undersigned on ----- (date) at ----- (time)

Signature

Name

Designation

[FORM GST ASMT - 15]*[See rule 100(2)]*

Reference No.:

Date:

To

_____ (GSTIN/ID)

_____ Name

_____ (Address)

Tax Period :**F.Y. :**

SCN reference no. :

Date :

Act/ Rules Provisions:**Assessment order under section 63**

Preamble - << standard >>

The notice referred to above was issued to you to explain the reasons for continuing to conduct business as an un-registered person, despite being liable to be registered under the Act.

OR

The notice referred to above was issued to you to explain the reasons as to why you should not pay tax for the period as your registration has been cancelled under sub-section (2) of section 29 with effect from-----

Whereas, no reply was filed by you or your reply was duly considered during proceedings held on ----- date(s).

On the basis of information available with the department / record produced during proceedings, the amount assessed and payable by you is as under:

Introduction :

Submissions, if any :

Conclusion (to drop proceedings or to create demand) :

Amount assessed and payable :

(Amount in Rs.)

| No. | Sr. | Tax Rate | Turnover | Tax Period | | Act | POS (Place of Supply) | Tax | Interest | Penalty | Others | Total |
|-------|-----|----------|----------|------------|----|-----|--------------------------|-----|----------|---------|--------|-------|
| | | | | From | To | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | | |
| Total | | | | | | | | | | | | |

Please note that interest has been calculated upto the date of passing the order. While making

payment, interest for the period between the date of order and the date of payment shall also be worked out and paid along with the dues stated in the order.

You are hereby directed to make the payment by << date >> failing which proceedings shall be initiated against you to recover the outstanding dues.

Signature
Name
Designation
Jurisdiction
Address

Note –

1. Only applicable fields may be filled up.
2. Column nos. 2, 3, 4 and 5 of the above Table i.e. tax rate, turnover and tax period are not mandatory.
3. Place of Supply (POS) details shall be required only if demand is created under IGST Act.]¹⁴²

¹⁴²Substituted vide Notf No. 16/2019-CT dt. 29.03.2019wef 01.04.2019

[FORM GST ASMT - 16*[See rule 100(3)]*

Reference No.:

Date:

To

_____ (GSTIN/ID)

_____ Name

_____ (Address)

Tax Period :**F.Y. :****Act/ Rules Provisions:****Assessment order under section 64**

Preamble - << standard >>

It has come to my notice that un-accounted for goods are lying in stock at godown-----
(address) or in a vehicle stationed at ----- (address & vehicle detail) and you were not
able to, account for these goods or produce any document showing the detail of the goods.
Therefore, I proceed to assess the tax due on such goods as under:

Introduction :

Discussion & finding :

Conclusion :

Amount assessed and payable (details at Annexure) :

(Amount in Rs.)

| Sr. No. | Tax Rate | Turnover | Tax Period | | Act | POS (Place of Supply) | Tax | Interest | Penalty | Others | Total |
|---------|-------------|----------|------------|----|-----|-----------------------------|-----|----------|---------|--------|-------|
| | | | From | To | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

Please note that interest has been calculated upto the date of passing the order. While making payment, interest for the period between the date of order and the date of payment shall also be worked out and paid along with the dues stated in the order.

You are hereby directed to make the payment by << date >> failing which proceedings shall be initiated against you to recover the outstanding dues.

Signature

Name

Designation

Jurisdiction

Note –

1. Only applicable fields may be filled up.
2. Column nos. 2, 3, 4 and 5 of the above Table i.e. tax rate, turnover and tax period are not mandatory.
3. Place of Supply (POS) details shall be required only if demand is created under IGST Act.]¹⁴³

¹⁴³Substituted vide Notf No. 16/2019-CT dt. 29.03.2019wef 01.04.2019

FORM GST ASMT – 17*[See rule 100(4)]***Application for withdrawal of assessment order issued under section 64**

| | | |
|--|---------------|------------------------|
| 1. GSTIN /ID | | |
| 2. Name | | |
| 3. Details of the order | Reference No. | Date of issue of order |
| 4. Tax Period, if any | | |
| 5. Grounds for withdrawal | | |
| | | |
| 6. Verification- | | |
| I _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom. | | |
| Signature of Authorised Signatory | | |
| Name _____ | | |
| Designation / Status ----- | | |
| Date - | | |

FORM GST ASMT - 18

[See rule 100(5)]

Reference No.:

Date:

GSTIN/ID

Name

Address

ARN -

Date –

Acceptance or Rejection of application filed under section 64 (2)

The reply furnished by you vide application referred to above has been considered and found to be in order and the assessment order no. ----- dated ----- stands withdrawn.

OR

The reply furnished by you vide application referred above has not been found to be in order for the following reasons:

<<Text box>>

Therefore, the application filed by you for withdrawal of the order is hereby rejected.

Signature

Name

Designation