

ADVISORY VISIT INFORMATION

GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT

FORM VAT 300

SUMMARY OF BUSINESS ACTIVITIES AND RECORDS

Name of VAT dealer.....TIN:.....

1. Authorised Person to contact (and status) _____
2. Telephone number(s) _____
Location of premises _____
3. Effective date of registration _____
4. Accountant (if any) _____
Address _____
Telephone number _____
5. Financial year ends _____
6. Address of principal place of business _____
7. Other business address _____
8. Main business activity _____
9. Subsidiary business activities _____
(provide approximate % of turnover of each activity)
9. Importer (International) YES/NO _____ % OF INPUTS _____
Brief description of imports _____
10. Purchases from other States YES/NO _____ % OF INPUTS _____
Brief description of PURCHASES: _____
11. Exporter YES/NO _____ % OF OUTPUT _____
Brief description of Exports _____
12. Sales to other States YES/NO _____ % OF OUTPUT _____
Brief description of Inter-State Sales _____
13. Branch transfer/consignment sales to other states YES/NO _____ % OF OUTPUT _____
Brief Description of Branch Transfer/Consignment sales _____
14. Description of Principal outputs (Ex: Departmental Stores) _____
1% Rate _____
4% Rate _____
12.5% Rate _____
Zero-Rated - International Exports _____
Zero Rated – Inter State Sale _____
Exempted goods/transactions _____

15. Principal inputs _____
1% Rate _____
4% Rate _____
12.5% Rate _____
Exempt goods: _____

16. Accounting Method.
Invoice accounting/Cash accounting for consumers.

17. Current Accounting Records – Describe overleaf the books and records used by business.
Highlight those used for accounting for VAT. Identify records where the VAT account or VAT calculations are maintained

Date.....	Recorded by: Officer Name.....
Signature.....	
	Checked by: Officer Name.....
Signature.....	
Updated.....	Officer Name.....
Signature.....	

ADVISORY VISIT REPORT

1. VAT Certificate TIN Number _____

2. Name of the VAT dealer _____

3 Address visited _____

4. Person(s) interviewed _____

5.Date and time of visit _____ from _____ to _____

6. Registration Application checked _____

7.Registration Certificate checked _____

8.Return filing and tax payment procedures explained _____

VAT taxable person accounting system _____

9. Particular legal provisions specifically related to the business _____

10. Explanation of VAT return completion provided _____

i. Particulars of VAT features _____

ii. VAT rulings given _____

iii. Transitional issues _____

iv. Value of stock on hand _____

v. Estimated value of assets on hand _____

11.ASSESSMENT OF REVENUE RELIABILITY

POOR	
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AVERAGE	
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GOOD	
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Officer: Name _____ Rank _____ Signature _____

Senior Officers : Name _____ Signature _____

Checked by Head of Section: Name _____ Signature _____

**GOVERNMENT OF ANDHRA PRADESH
COMMERCIAL TAXES DEPARTMENT**

FORM VAT 304

NOTIFICATION OF ADVISORY / AUDIT VISIT TO A VAT DEALER

01. Office Address:
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Date	Month	Year

02	TIN													
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03. Name _____
Address _____

You have been notified that an advisory / audit will be held on _____.

This is to notify that an advisory / audit will be held on _____.

You should produce all your VAT records and business accounts on that date.

If the date prescribed in this notification is not convenient, you should contact this office without delay, with your convenient appointment date and it should not be beyond 7 days to the date fixed above.

Officer Signature,
Seal & Stamp.