

**Form GSTR-2**

[See rule 60(1)]

**Details of inward supplies of goods or services**

Year				
Month				

1.	GSTIN																		
2.	(a)	Legal name of the registered person										Auto populated							
	(b)	Trade name, if any										Auto populated							

**3. Inward supplies received from a registered person other than the supplies attracting reverse charge**

(Amount in Rs. for all Tables)

GSTIN of supplier	Invoice details			Rate	Taxable value	Amount of Tax				Place of supply (Name of State/UT)	Whether input or input service/ Capital goods (incl plant and machinery)/ Ineligible for ITC	Amount of ITC available				
	No	Date	Value			Integrated tax	Central Tax	State/UT Tax	CES			Integrated Tax	Central Tax	State/UT Tax	Ces	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

**4. Inward supplies on which tax is to be paid on reverse charge**

GSTIN of	Invoice details	Rate	Taxable value	Amount of Tax				Place of supply (Name	Whether input or input	Amount of ITC available			
				Integrated	Centr	Stat	Ces						





**9. TDS and TCS Credit received**

GSTIN of Deductor / GSTIN of e-Commerce Operator	Gross Value	Sales Return	Net Value	Amount		
				Integrated Tax	Central Tax	State Tax /UT Tax
1	2	3	4	5	6	7
<b>9A. TDS</b>						
<b>9B. TCS</b>						

**10. Consolidated Statement of Advances paid/Advance adjusted on account of receipt of supply**

Rate	Gross Advance Paid	Place of supply (Name of State/UT)	Amount			
			Integrated Tax	Central Tax	State/UT Tax	Cess
1	2	3	4	5	6	7
<b>(I) Information for the current month</b>						
10A. Advance amount paid for reverse charge supplies in the tax period (tax amount to be added to output tax liability)						
10A (1). Intra-State supplies (Rate Wise)						
10A (2). Inter -State Supplies (Rate Wise)						
10B. Advance amount on which tax was paid in earlier period but invoice has been received in the current period [ reflected in Table 4 above]						
10B (1). Intra-State Supplies (Rate Wise)						
10B (2). Intra-State Supplies (Rate Wise)						
<b>II Amendments of information furnished in Table No. 10 (I) in an earlier month</b> [Furnish revised information]						
Month	Amendment relating to information furnished in S. No.(select)		10A(1)	10A(2)	10(B1)	10B(2)

**11. Input Tax Credit Reversal / Reclaim**

Description for reversal of ITC	To be added to	Amount of ITC
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	or reduced from output liability	Integrated Tax	Central Tax	State/UT Tax	CESS
1	2	3	4	5	6
<b>A. Information for the current tax period</b>					
(a) Amount in terms of rule 37(2)	To be added				
(b) Amount in terms of rule 39(1)(j)(ii)	To be added				
(c) Amount in terms of rule 42 (1) (m)	To be added				
(d) Amount in terms of rule 43(1) (h)	To be added				
(e) Amount in terms of rule 42 (2)(a)	To be added				
(f) Amount in terms of rule 42(2)(b)	To be reduced				
(g) On account of amount paid subsequent to reversal of ITC	To be reduced				
(h) Any other liability (Specify)	.....				
<b>B. Amendment of information furnished in Table No 11 at S. No A in an earlier return</b>					
Amendment is in respect of information furnished in the Month					
Specify the information you wish to amend (Drop down)					

**12. Addition and reduction of amount in output tax for mismatch and other reasons**

Description	Add to or reduce from output liability	Amount			
		Integrated Tax	Central Tax	State / UT Tax	CESS
1	2	3	4	5	6
(a) ITC claimed on mismatched/duplication of invoices/debit notes	Add				
(b) Tax liability on mismatched credit notes	Add				
(c) Reclaim on account of rectification of mismatched invoices/debit notes	Reduce				
(d) Reclaim on account of rectification of mismatched credit note	Reduce				
(e) Negative tax liability from previous tax periods	Reduce				
(f) Tax paid on advance in earlier tax periods and adjusted with tax on supplies made in current tax period	Reduce				

**13. HSN summary of inward supplies**

Sr. No.	HSN	Description (Optional if HSN is furnished)	UQC	Total Quantity	Total value	Total Taxable Value	Amount			
							Integrated Tax	Central Tax	State/UT Tax	Cess
1	2	3	4	5	6	7	8	9	10	11

Verification

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

Place:

Date:

Signatures.....

Name of Authorised Signatory

Designation /Status