

**Summary of Statement**

(a) Brief facts of the case

(b) Grounds

(c) Tax and other dues

(Amount in Rs.)

Sr. No.	Tax Period	Act	Place of supply (name of State)	Tax/ Cess	Others	Total
1	2	3	4	5	6	7
Total						

**FORM GST DRC- 03**

[See rule 142(2) &amp; 142 (3)]

**Intimation of payment made voluntarily or made against the show cause notice (SCN) or statement**

1.	GSTIN									
2.	Name									
3.	Cause of payment		<< drop down>> Audit, investigation, voluntary, SCN, others (specify)							
4.	Section under which voluntary payment is made		<< drop down>>							
5.	Details of show cause notice, if payment is made within 30 days of its issue		Reference No.				Date of issue			
6.	Financial Year									
7.	Details of payment made including interest and penalty, if applicable									
			(Amount in Rs.)							
Sr. No.	Tax Period	Act	Place of supply (POS)	Tax/ Cess	Interest	Penalty, if applicable	Total	Ledger utilised (Cash / Credit)	Debit entry no.	Date of debit entry
1	2	3	4	5	6	7	8	9	10	11

8. Reasons, if any - &lt;&lt; Text box&gt;&gt;

9. 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 Authorized Signatory

Name \_\_\_\_\_

Designation / Status -----

Date –