Γ		1		
Penalty				
Fees				
Others				
Total				
			gnature	
	Name			
		D	esignation	
Place:				
Date:				
FORM GST DRC – 20				
		[See rule 158(1)]		
		ferred Payment/ Paymen	t in Instalments	
1. Name of the taxab	ele person-			
2. GSTIN -				
3. Period				
Demand ID				
Description	Central tax	State /UT tax	Integrated tax	CESS
Tax/Cess				
Interest				
Penalty				
Fees				
Others				
Total				
Reasons: -			Unl	oad Document
				ad Document
		Verification		
	irm and declare that the and nothing has been con	information given herein cealed therefrom.	above is true and correc	t to the best of my
_	_			
_			_	
Place -				

Date -