Government of India/State Department of -----

Form GSTR-10

[See Rule ----]
Final Return under ___ of Goods and Services Act, 2016
(For taxable person whose registration has been surrendered or cancelled)

	(For taxable per	i son whose registrati	on mas been	i sui i chuci c	u oi cancen	cu)	
1.	GSTIN T	To be auto populated.					
2.	Legal Name						
3.	Business Name						
4.	Address						
	(Principal place of business)						
5.	Application Reference Number (ARN) of surrer	nder application, if any					
6.	Effective Date of Surrender/Cancellation	(DD/MM/YYYY)					
7.	Whether cancellation order has been passed:	Yes / No					
8.	If Yes, Unique ID of Cancellation order						
9.	Date of Cancellation Order					·	·
			(DD/MM/Y	YYY)			
10.	Particulars of closing Stock held on date of surre	ender / cancellation					

Sr No.	HSN Code	Descrip tion of goods	Type Goods (Cap	of /	Unit of measur ement	Quantit y	Price per unit	Value (fair mkt)	In case of CG, % points	ITC alrea	ady availed	(Rs.)	Rate	of Tax	Output ta (Rs.)	ax
			Other)					(Rs.)	consider ed for reductio n	CGST	IGST	SGST	CG ST	SGST	CGST	SGST
1	2	3	4		5	6	7	8	8A	9	9A	10	11	11A	12	13
10.1 INPUTS	10.1 INPUTS AS SUCH															
10.2 INPUTS IN SEMI-FINISHED GOODS																

			···· ····				· · · · · · · · · · · · · · · · · · ·	No.	0001		
					1	Amou	int of Tax payable		XXX	XXX	
					2	Amou	int of Tax paid				
10.3 INP	PUTS I	N FII	NISHED	GOODS	2A	ITC I	edger	XXXXX	XXX	XXX	
10.4 INP	PUT SI	ERVI	CES					XXXXX	XXX	XXX	
					2B	Cash	Ledger				
10.5 CA	PITAI	GO	ODS								
Total			I			1					

10A. Amount of tax payable on closing stock:-

Nature of Tax	Amount
CGST	Higher of col. 9 & 12
SGST	Higher of col.10 & 13

12.	Verification	I/We	hander adaments offices and dadam that the
12.	Vermeauon		hereby solemnly affirm and declare that the
		information given hereinabove is true and correct to the	best of my/our knowledge and belief and nothing
		has been concealed therefrom.	, ,
		has been conceated incremon.	
		Signature of Authorized Signatory	
		Full Name	
		(first name, middle, surname)	
		P : /: /G/ /	
		Designation/Status	
		Place	
		Date DD/MM/YYYY	
		Date DD/WIWI/ I I I I	
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