

Government of India/State

Department of -----

GSTR-5

[See Rule....]

RETURN FOR NON RESIDENT TAXABLE PERSONS (FOREIGNERS)

- 1. GSTIN
- 2. Name of the Taxable Person.....
- 3. Address

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(S. No. 1, 2 and 3 shall be auto-populated on logging)

- 4. Period of Return From..... To.....

5. Goods imported

(figures in Rs.)

S. No.	Description of goods	Bill of Entry No.	Bill of Entry Date	HSN Code*	UQC	Quantity	Value	IGST paid, if any	Eligibility for ITC as inputs/capital goods/none	Total IGST available as ITC	ITC available this month
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(8A)	(9)	(10)	(11)

* at 8-digit level

5A. Amendments in Goods imported of earlier tax periods

(figures in Rs)

Original Bill of Entry		Revised/Original Bill of entry					IGST		Eligibility for ITC as inputs/capital goods/none	Total IGST available as ITC	ITC available this month
No.	Date	No.	Date	Value	HSN	Taxable value	Rate	Amt			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)

6. Services received from a supplier located outside India (Import of services)

(figures in Rs)

Invoice					IGST		ITC Admissibility	
No	Date	Value	SAC	Taxable value	Rate	Amt	Total ITC Admissible as input services/none	ITC admissible this month
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

6A. Amendments in Services received from a supplier located outside India (Import of services) of earlier tax periods

(figures in Rs)

Original Invoice		Revised details of Invoice					IGST		ITC Admissibility	
No	Date	No	Date	Value	SAC	Taxable value	Rate	Amt	Total ITC Admissible as input services/none	ITC admissible this month
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

7. Outward supplies made:

(figures in Rs.)

S. No.	GSTIN, if any	Invoice						IGST		CGST		SGST		POS (only if different from the location of recipient)	Indicate if supply attracts reverse charge \$	Date of time of supply if it is before date of invoice
		No.	Date	Value	Goods/Services	HSN/SAC	Taxable value	Rate	Amt	Rate	Amt	Rate	Amt			
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

7A. Amendments to details in Outward supplies

(figures in Rs)

Original Invoice		GSTIN/ UIN, if any	Revised/Original Invoice					IGST		CGST		SGST		POS (only if different from the location of recipient)	Date of time of supply if different from date of invoice
No.	Date		No.	Date	Goods/Services	HSN/SAC	Taxable Value	Rate	Amt.	Rate	Amt	Rate	Amt		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

7. Details of Credit/Debit Notes

(figures in Rs)

GSTIN/ UIN/ Name of receiver	Type of note (Debit/ Credit)	Debit Note/ credit note		Original Invoice		Differ ential Value (Plus or Minus)	Differential Tax					
		No.	Date	No.	Date		IGST		CGST		SGST	
							Rate	Amt	Rate	Amt	Rate	Amt
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

Note: Information about Credit Note / Debit Note to be submitted only if issued as a supplier

7A. Amendment to Details of Credit/Debit Notes of earlier tax periods

(figures in Rs)

GSTIN/ UIN	Type of note (Debit/ Credit)	Original Debit Note/ credit note		Original /Revised Debit Note/ credit note		Differenti al Value (Plus or Minus)	Differential Tax					
		No.	Date	No.	Date		IGST		CGST		SGST	
							Rate	Amt	Rate	Amt	Rate	Amt
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)

Note: Information about Credit Note / Debit Note to be submitted only if issued as a supplier.

8. Tax paid (figures in Rs.)

Description	Tax payable	Debit no. in ITC ledger	ITC (IGST) utilized	Debit no. in cash ledger	Tax paid in cash (after adjusting ITC)
(1)	(2)	(3)	(4)	(5)	(6)
IGST					
CGST					
SGST					
Interest					
Penalty			Non-editable		
Fee			Non-editable		
Total					

9. Closing stock of Goods

S. No.	Description of goods	HSN	UQC	Quantity	Value (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)

10. Refund Claimed from Cash Ledger

S.No		IGST	CGST	SGST
(1)	(2)	(3)	(4)	(5)
1.	Refund claimed from cash ledger			
2.	Bank Account Details*			

I _____ hereby declare that the information given in this return is true, correct and complete in every respect. I further declare that I have the legal authority to submit this return.

Place:

Date:

(Signature of Authorized Person)

Note:

1. To be furnished on monthly basis by 20th of the month succeeding tax period & within 7 days after expiry of registration