

VS ASSOCIATES
(Company Secretaries)
 110 Shri Krishna Business Center,
 3/93 Lalita Park , Laxmi Nagar, Delhi-110092
 Ph: 011- 43026621 Fax: 22456650
 Cell: +91 9971072221, 9871287637
 E-mail: vijayatrey@yahoo.com , vijayatrey@gmail.com
 Website: www. vsassociate.com



(2) _____

(3) _____

4. Payment of Service Tax

Category of Service: _____

(A) Payment details

	Apr/Oct	May/Nov	June/Dec	July/Jan	Aug/Feb	Sept/Mar	Total of column (2) to (7)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Amount received towards taxable service(s) provided							
Amount received in advance towards taxable service(s) to be provided							

Please Contact If Any Query

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Amount Billed-gross							
Amount billed for exempted services other than export							
Amount billed for exported services, without payment of tax							
Amount billed for services on which tax is to be paid							
Abatement claimed-Value							
Notification number of Abatement							
Notification number of exemption							
Provisional Assessment order no.							
Service tax payable							

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Education cess payable							
Service tax paid in cash							
Challan Number							
Challan date							
Service tax paid through							
centvat credit							
Education cess paid in cash							
Education cess paid through education cess credit							

(To be repeated for every category of service provided /received, and for every registered premises separately)

(B) Details of other payments

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	Amount- Cash	Challan Number	Date	Amount-Credit	Source Document No
(1)	(2)	(3)	(4)	(5)	(6)
Arrear of service tax					
Education cess					
Interest				Not applicable	
Penalty				Not applicable	
Miscellaneous				Not applicable	
Excess amount paid and adjusted subsequently**					
Total					

**** Under rule 6(4A) of Service Tax Rules, 1994****(To be repeated for every category of service provided /received, and for every registered premises separately)****5. Credit details for Service Tax provider/recipient****(A) Cenvat credit details**

Details of Credit	Apt/Oct	May/Nov	June/Dec	July/Jan	Aug/Feb	Sept/Mar
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Opening Balance						
Credit availed on inputs						
Credit availed on capital goods						

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Credit availed on input services						
Credit received from inputs service distributor						
Total credit availed						
Credit utilized towards payment of service tax						
Closing balance						

(B) Education cess credit details

Details of Credit	Apt/Oct	May/Nov	June/Dec	July/Jan	Aug/Feb	Sept/Mar
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Opening Balance						
Credit of education cess availed on goods						

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Credit of education cess availed on services						
Credit of education cess utilized for payment of service tax						
Closing Balance						

6. Credit details for Input service distributor**(A) Details of Cenvat credit received and distributed**

Details of Credit	Apt/Oct	May/Nov	June/Dec	July/Jan	Aug/Feb	Sept/Mar
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Opening Balance						
Credit of service tax received						
Credit of service tax distributed						
Credit of service tax not eligible to be distributed*						
Closing Balance						

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(B) Details of Education cess received and distributed

Details of Credit	Apt/Oct	May/Nov	June/Dec	July/Jan	Aug/Feb	Sept/Mar
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Opening Balance						
Credit of education cess received						
Credit of education cess distributed						
Credit of education cess not eligible to be distributed*						
Closing Balance						

*as per rule 7(b) of CENVAT Credit Rules, 2004

The taxable services on which input service credit has been distributed during the half year period

7. Details of amount payable but not paid as on the last day of the period for which the

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Return is filed _____

7. Self Assessment memorandum

a) I/We declare that the above particulars are in accordance with the records and books maintained by me/us and are correctly stated.

(b) I/We have assessed and paid the service tax and/or availed and distributed CENVAT credit correctly as per the provisions of the Finance Act, 1994 and the rules made thereunder.

(c) I/We have paid duty within the specified time limit and in case of delay, I/We have deposited the interest leviable thereon.

Place: _____ **(Name and Signature of Assessee or**

Date: _____ **Authorized Signatory)**

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ACKNOWLEDGEMENT

I hereby acknowledge the receipt of your ST-3 return for the period_____

Date:

Place:

(Signature of the Officer of Central Excise & Service Tax)
(With Name & Official Seal)

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