

Company Name		Modi Housing Private Limited					
Project name		Modi Housing Private Limited					
For month of		Jul-22					
			P	Q	R	S=P+Q+R	
S. No.	Item	Formula	Taxable Value	IGST	CGST	SGST	Total
A	ITC available from earlier periods		-	-	-	-	-
B	ITC being claimed for current period		-	-	-	-	-
C	ITC (Ineligible)		-	-	-	-	-
D	ITC for RCM - current period		-	-	-	-	-
E	ITC for RCM (ineligible)		-	-	-	-	-
F	Net ITC	A+B-C+D-E	-	-	-	-	-
G	Outward taxable suppliers B2C		-	-	-	-	-
H	Outward taxable suppliers B2B		-	-	-	-	-
I	Net Tax Payable (without RCM)	G+H-F	-	-	-	-	-
J	RCM tax payable (in cash)		-	-	-	-	-
K	Total Tax payable	I+J	-	-	-	-	-
L	Outward exempt supplies		-	-	-	-	-
M	ITC available for next month	F-G-H	-	-	-	-	-
N	ITC available on portal		-	-	-	-	-
Payment details							
Challan No							
Amount paid							
Approved		Accountant	Manager	Consultant		MD	
Sign							
Date		29/8/22					
Note:		APPROVED BY M. JAYA PRAKASH Sr. Manager Accounts 08 SEP 2022					
1	This form must be submitted before 10th of each month.						
2	Payment must be made on or before due date.						
3	Account for the payment in Fridays statement.						
4	Attach ledger statement and other documents for consultants review.						
5	Prepare list of ITC of supplier > 25k which are not appearing in portal.						

Sl No.	Particulars	Voucher Count	Taxable Amount	Integrated Tax Amount	Central Tax Amount	State Tax Amount	Cess Amount	Tax Amount	Invoice Amount
1	B2B Invoices - 4A, 4B, 4C, 6B, 6C								
2	B2C(Large) Invoices - 5A, 5B								
3	B2C(Small) Invoices - 7								
4	Credit/Debit Notes(Registered) - 9B								
5	Credit/Debit Notes(Unregistered) - 9B								
6	Exports Invoices - 6A								
7	Tax Liability(Advances received) - 11A(1), 11A(2)								
8	Adjustment of Advances - 11B(1), 11B(2)								
9	Nil Rated Invoices - 8A, 8B, 8C, 8D								

Total

HSN/SAC Summary - 12

Document Summary - 13

Modi Housing Pvt Ltd (22-23)
5-4-187/3&4, IInd Floor, Soham Mansion
M G Road, Secunderabad
CIN: U45200TG2002PTC040192

Sales Register
1-Jul-22 to 31-Jul-22

Page 1

Date	Particulars	Vch Type	Vch No.	Debit Amount	Credit Amount
Total:					