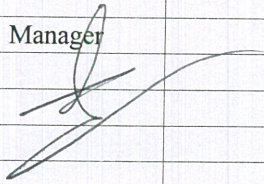
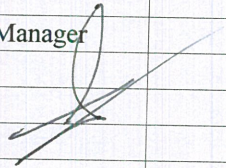


GSTR-1 Monthly Statement

Company Name		AMTZ Medpolis Square Pvt Ltd AP					
Project name		AMS 801					
For month of		Apr-24					
				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		B. Govinda		Report Enclosed			
Date		08-05-2024					
Note:							
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.							

GSTR-1 Monthly Statement

Company Name		AMTZ Medpolis Square Pvt Ltd TS					
Project name		AMS 801					
For month of		Apr-24					
S. No.	Item	Formula	Taxable Value	P IGST	Q CGST	R SGST	S=P+Q+R 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		B. Gowindar		Report Enclosed			
Date		08-05-2024					
Note:							
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.							

AMTZ MEDPOLIS Square 801 Pvt Ltd (24-25)**M G Road, Ranigunj**Secunderabad**Profit & Loss A/c**

1-Apr-24 to 30-Apr-24

Particulars		1-Apr-24 to 30-Apr-24	Particulars		1-Apr-24 to 30-Apr-24
Purchase Accounts		31,78,837.50	Sales Accounts		
Construction Material-Registered Dealers	30,43,772.50		Direct Incomes		
Other Expenses	<u>1,35,065.00</u>		Gross Loss c/o		31,78,837.50
		31,78,837.50			31,78,837.50
Gross Loss b/f		31,78,837.50	Indirect Incomes		12,420.00
Indirect Expenses		48,682.88	INCOME-FDR	<u>12,420.00</u>	
Financial Expenses	44,174.43		Nett Loss		32,15,100.38
Other Indirect Expenses	500.45				
Salaries & Employee Benefits	<u>4,008.00</u>				
Total		32,27,520.38	Total		32,27,520.38

Name	April GSTR 1 Return Status
AMTZ MEDPOLIS Square Pvt Ltd (23-24)	Nil Return
AMTZ MEDPOLIS Square 801 Pvt Ltd (24-25)	Exempted income need to be shown
AMTZ MEDPOLIS Square 4554 Pvt Ltd (24-25)	Nil Return

FORM GSTR-1

[See rule 59(1)]

Details of outward supplies of goods or services

Financial year	2024-25
Tax period	April

1	GSTIN		36AAXCA5638G1Z6
2	(a)	Legal name of the registered person	AMTZ MEDPOLIS SQUARE 801 PRIVATE LIMITED
	(b)	Trade name if any	
	(c)	ARN	AA360424251471F
	(d)	ARN date	11/05/2024
	(e)	Nil Filed	Yes

Verification:

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed there from and in case of any reduction in output tax liability the benefit thereof has been/ will be passed on to the recipient of supply.

Date: 11/05/2024

Signature

Name of Authorized Signatory
MANGILIPELLI JAYAPRAKASH

Designation/Status: Sr Manager Fin and Acc

FORM GSTR-1

[See rule 59(1)]

Details of outward supplies of goods or services

Financial year	2024-25
Tax period	April

1	GSTIN	37AAXCA5638G1Z4
2	(a)	Legal name of the registered person
	(b)	Trade name if any
	(c)	ARN
	(d)	ARN date
	(e)	Nil Filed
		AMTZ Medpolis Square 801 Private Limited
		AMTZ Medpolis Square 801 Private Limited
		AA370424181659Q
		11/05/2024
		Yes

Verification:

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed there from and in case of any reduction in output tax liability the benefit thereof has been/ will be passed on to the recipient of supply.

Date: 11/05/2024

Signature

Name of Authorized Signatory

MANGILIPELLI JAYAPRAKASH

Designation/Status: Sr Manager - Accounts