GSTR-1 Monthly Statement

Company Name		AMTZ Medpolis Square 3663 Pvt Ltd TS					
Project name		AMS 3663					
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 Ravinder			N.A.		
	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 3663 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		**1,45,326.00**	**Sales Accounts**	
Other Expenses	*1,45,326.00*			
			Direct Incomes	
			Gross Loss c/o	***1,45,326.00***
		1,45,326.00		**1,45,326.00**
Gross Loss b/f		***1,45,326.00***	**Indirect Incomes**	
Indirect Expenses		**1,500.00**	Nett Loss	***1,46,826.00***
Other Indirect Expenses	*1,500.00*			
Total		**1,46,826.00**	**Total**	**1,46,826.00**

FORM GSTR-1

[See rule 59(1)]

Details of outward supplies of goods or services

Financial year	2024-25
Tax period	April

1	GSTIN		36AAXCA5639H1Z3
2	(a)	Legal name of the registered person	AMTZ MEDPOLIS SQUARE 3663 PRIVATE LIMITED
	(b)	Trade name if any	AMTZ MEDPOLIS SQUARE 3663
	(c)	ARN	AA3604242507570
	(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 & Acc

IP Address: 124.123.96.91