

## Form - GSTR 9 Annual Return

## :: Contact Person Details ::

|            |                      |
|------------|----------------------|
| Name *     | <input type="text"/> |
| Address *  | <input type="text"/> |
| Email *    | <input type="text"/> |
| Phone No * | <input type="text"/> |

## APPLICANT DETAILS

|  |   |
|--|---|
| GST Portal User ID *                         | <input type="text"/>                    |
| GST Portal User Password *                   | <input type="text"/>                    |
| Trade Name/ Name of the Taxpayer *           | <input type="text"/>                    |
| GSTIN Number *                               | <input type="text"/>                    |
| Name of the Contact Person *                 | <input type="text"/>                    |
| Mobile No of Taxpayer *                      | <input type="text"/>                    |
| E-mail Id of Taxpayer *                      | <input type="text"/>                    |
| Taxpayer State *                             | <input type="text"/>                    |
| Taxpayer Type *                              | <input type="text" value="- select -"/> |
| Whether Monthly/ Quarterly/ Yearly Return *  | <input type="text" value="- select -"/> |
| Form Type *                                  | <input type="text" value="- select -"/> |
| GST Return to be Filed for Year *            | <input type="text"/>                    |
| Total Amount of Outward Sales/Services Rs. * | <input type="text"/>                    |

|   |                      |
|---|----------------------|
| Total Amount of Purchases/Inward Services Rs. * | <input type="text"/> |
|---|----------------------|

## DOCUMENTS

|                        |  |
|------------------------|--|
| GST Application Form * | <input type="button" value="Browse..."/> No file selected. |
|------------------------|--|

## SPONSORED INFORMATION AND FINAL SUBMISSION

|                                     |                           |
|-------------------------------------|---------------------------|
| Sponsored Name *                    | <input type="radio"/> Yes |
|                                     | <input type="radio"/> No  |
| If Yes, Give the Sponsored Username | <input type="text"/>      |