# [FORM GST DRC - 01

*[See rule 100 (2) & 142(1)(a)]*

|  |  |  |
| --- | --- | --- |
| Reference No:To GSTIN/Temp. ID Name Address |  | Date: |
| Tax Period ------------- | F.Y. ---------- | Act - |

Section / sub-section under which SCN is being issued - SCN Reference No. ---- Date ----

# Summary of Show Cause Notice

1. Brief facts of the case :
2. Grounds :
3. Tax and other dues :

(Amount in Rs.)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.No. | Ta x rat e | Turnov er | Tax Period | Ac t | POS(Place of Suppl y) | Ta x | Intere st | Penalt y | Fe e | Other s | Tota l |
| Fro m | To |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tota l |  |  |  |  |  |  |  |  |  |  |  |  |

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Note -

1. Only applicable fields may be filled up.

Name Designation Jurisdiction Address

Signature

1. Column nos. 2, 3, 4 and 5 of the above Table i.e. tax rate, turnover and tax period are not mandatory.
2. Place of Supply (POS) details shall be required only if the demand is created under the IGST Act.]219