# [FORM GST DRC- 03]277

*[See rule 142(2) & 142 (3)]*

# Intimation of payment made voluntarily or made against the show cause notice (SCN) or statement [or intimation of tax ascertained through FORM GST DRC-01A]278

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | GSTIN | | | | |  | | | | | | | |
| 2. | Name | | | | | < Auto> | | | | | | | |
| 3. | Cause of payment | | | | | << drop down>>  [Audit, inspection or investigation, voluntary, SCN, annual return, reconciliation statement, scrutiny, intimation of tax ascertained through FORM GST DRC-01A, Mismatch (Form GSTR-1and Form GSTR-3B), Mismatch (Form GSTR-2B and Form GSTR-3B), others (specify)]279 | | | | | | | |
| 4. | Section under which voluntary payment is made | | | | | << drop down>> | | | | | | | |
| 5. | Details of show cause notice, if payment is made within 30 days of its issue[, scrutiny, intimation of tax ascertained through Form GST DRC01A, audit, inspection or investigation, others (specify)]280 | | | | | Reference No. | | | | Date of issue | | | |
| 6. | Financial Year | | | | |  | | | | | | | |
| 7. | Details of payment made including interest and penalty, if applicable  (Amount in Rs.) | | | | | | | | | | | | |
| Sr.  No. | Tax Period | Act | Place of supply (POS) | Tax/ Cess | Interest | Penalty, if applicable | Fee | Others | Total | | Ledger utilised (Cash /  Credit) | Debit entry  no. | Date of debit entry |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | 13 |
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277Subsituted vide Notf No. 31/2019-CT dt. 28.06.2019

278 Inserted vide Notf. No. 37/2021-CT dt. 01.12.2021

279 Substituted for ―Audit, investigation, voluntary, SCN, annual return, reconciliation statement, others (specify)‖ vide Notf. No. 37/2021-CT dt. 01.12.2021

280 Inserted vide Notf. No. 37/2021-CT dt. 01.12.2021

281 Substituted for following table vide Notf. No. 37/2021-CT dt. 01.12.2021

1. Reasons, if any - << Text box>>
2. Verification-

I hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Signature of Authorized Signatory

Name Designation / Status

Date ……………..

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Tax Period | Act | Place of supply (POS) | Tax/ Cess | Interest | Penalty, if  applicable | Others | Total | Ledger utilised (Cash / Credit) | Debit entry no. | Date of debit entry |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |