FORM-GST-RFD-01 B

[See rules 91(2), 92(1), 92(3), 92(4), 92(5) and 97A]

Refund Order details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | ARN |  | | | |
| 2. | GSTIN / Temporary ID |  | | | |
| 3. | Legal Name |  | | | |
| 4. | Filing Date |  | | | |
| 5. | Reason of Refund |  | | | |
| 6. | Financial Year |  | | | |
| 7. | Month |  | | | |
| 8. | Order No.: |  | | | |
| 9. | Order issuance Date: |  | | | |
| 10. | Payment Advice No.: |  | | | |
| 11. | Payment Advice Date: |  | | | |
| 12. | Refund Issued To : | Drop down: Taxpayer / Consumer Welfare Fund | | | |
| 13. | Issued by: |  | | | |
| 14. | Remarks: |  | | | |
| 15. | Type of Order | Drop Down: RFD- 04/ 06/ 07 (Part A) | | | |
| 16. | Details of Refund Amount (As per the manually issued Order): | | | | |
| Description | Integrated Tax | | Central Tax | State/ UT tax | Cess |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Tax | Interest | Penalty | Fees | Others | Total | Tax | Interest | Penalty | Fees | Others | Total | Tax | Interest | Penalty | Fees | Others | Total | Tax | Interest | Penalty | Fees | Others | Total |
| a. Refund amount claimed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| b. Refund Sanctioned on provisional basis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| c. Remaining Amount |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| d. Refund amount in-admissible |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e. Gross amount to be paid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| f. Interest (if any) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| g. Amount adjusted against outstanding demand under the existing law or under the Act |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| h. Net amount to be paid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17. | Attachments (Orders) | | | | | | | | RFD-04; RFD- 06; RFD 07 (Part A) | | | | | | | | | | | | | | | |
| Date: Place: | | | | | | | | | Signature (DSC):  Name:  Designation:  Office Address: ‖ | | | | | | | | | | | | | | | |