**FORM GSTR-11170**

*[See rule 82]*

**Statement of inward supplies by persons having Unique Identification Number (UIN)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year |  |  |  |  |
| TaxPeriod |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | UIN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2**. | Name of the person havingUIN | Autopopulated |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Details of inward supplies received

(Amount in Rs. for all Tables)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GSTINof supplier | Invoice/Debit Note/CreditNote details | Rate | Taxable value | Amount of tax | Place of Supply |
| No | Date | Value | Integratedtax | CentralTax | State/UT Tax | CESS |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 3A. Invoices received |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 3B. Debit/Credit Note received |  |
|  |  |  |  |  |  |  |  |  |  |  |

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 therefrom.

Place Signature

Name of Authorised Signatory

Date

# Instructions:-

* 1. Terms Used:-

Designation /Status

170Substituted vide Notf no. 75/2017-CT dt 29.12.2017

* + 1. GSTIN :- Goods and Services Tax Identification Number
		2. UIN :- Unique Identity Number
	1. Refund applications has to be filed in the same State in which the Unique Identity Number has been allotted.
	2. For refund purposes only those invoices may be entered on which refund is sought.