

APPLICATION FOR VAT REGISTRATION

[See Rule 4 (1)]

FORM VAT 100

Submit in duplicate

Read instructions on the reverse before completing this form
Use separate sheet where space is not sufficient.To
The Commercial Tax Officer,
Registering Authority,
Circle.Affix Passport Size
Photo of
Sole Proprietor.
In case Partnership
firm/Companies/others
Affix photos of
responsible persons on
VAT 100B**01** Name of the business to be registered:

02 Address of Place of business:	Door No:	Street
	Locality	Town/City
	District	Pin Code
	Phone No:	Fax No:
	Email:	website/URL:

03 Occupancy Status: Owned/Rented/Leased/Rent-free/Others

04 Name & Address of the Owner of business :	Name:	
	Father/Husband Name:	
	Date of Birth:	
(Residential Address of the Person responsible ie., Managing Partner /Managing Director for business).	Door No.	Street
	Locality	Town/City
	District	Pin Code
	Phone No	Fax No.
	Email:	

05 Status of business: (Mark " a " where applicable)

Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Private Limited Co.,	<input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>	Govt. Enterprise	<input type="checkbox"/>	Others (Specify)	<input type="checkbox"/>

06 Nature of Principal business activities:**07** Principal Commodities traded:**08** Bank Account Details:

<u>Bank Name :</u>	<u>Branch & Code</u>	<u>Account No.</u>
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- 1.
- 2.
- 3.

09 Income Tax Permanent Account Number: (PAN)**10** Address of additional places of business/ Branches/Godowns
(including those outside A.P): **Use form VAT 100A****11** Particulars of owner/Partners/Directors etc.,:
Use Form VAT 100B

12 Language in which books are written:			
13 Are your accounts computerized: YES <input type="checkbox"/> NO <input type="checkbox"/>			
14 Date of first taxable sale		Date	Month
Year			
15 Turnovers of taxable sales of goods including zero rate in:			
a) The last 3 months: Rs.			
b) The last 12 months: Rs.			
16 Anticipated turnovers of taxable sales of goods including zero rate in:			
a) The next 3 months Rs.			
b) The next 12 months Rs.			
17 Anticipated Turnover of exempted sales of goods and transactions in the next 12 months:			
18 Are you applying for voluntary registration: YES <input type="checkbox"/> NO <input type="checkbox"/>			
19 Are you applying for registration as Start up Business: YES <input type="checkbox"/> NO <input type="checkbox"/>			
20 Indicate your GRN Number, if any: Have you applied for CST Registration YES <input type="checkbox"/> NO <input type="checkbox"/>			
21 Registration Number (if any) Under Profession Tax Act:			
22 Do you expect your input tax to regularly exceed your output tax? If yes Why ? YES <input type="checkbox"/> NO <input type="checkbox"/>			
23 Are you applying for registration in response to a notice by the Tax Officer ? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, indicate the Notice number. <input type="text"/>			
24 Any other relevant information like are you availing Tax incentives ? If so write details.			
Declaration: I <input type="text"/> S/o <input type="text"/> Status <input type="text"/> of the above enterprise hereby declare that the particulars given are correct and true to the best of my knowledge and belief. I undertake to notify immediately to the registering authority in the Commercial Taxes Department of change in any of the above particulars.			
Signature with Stamp.		Date of application.	

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FOR OFFICE USE ONLY

25 Date of receipt of application	
26 Activity/Commodity Code	
27 Exempt Indicator	
28 Voluntary Registration Indicator	
29 Startup Business Indicator	
30 CST Indicator	
31 Refund Indicator	
32 Works contract Indicator.	
33 Suo moto Registration Indicator	
34 Special Rates – Schedule – VI goods Indicator	
35 Tax Incentives Indicator	
36 Date of issue of Registration Certificate	
37 Effective date of Registration	
38 Date of refusal of Registration	
39 Taxpayer Identification Number (TIN):	

Processing Authority
Name
Designation

Registering Authority
Name
Designation

NOTES FOR COMPLETION OF THE VAT REGISTRATION APPLICATION FORM
DESCRIPTION

Please fill in the name of the tax office in whose jurisdiction your business premises located and applying for VAT Registration.

- 01 **Name of business to be registered:** insert name of the enterprise to be registered.
- 02 **Address of Place of business:** Fill in the details of the actual location of your enterprise like: house number, street, locality, town/city and where possible indicate the name of building if any and floor etc., Fill in your telephone and fax number, if any, in the space provided.
- 03 **Occupancy Status of the business premises:** Strike off which ever is not applicable
- 04 **Name and address of Owner of Enterprises:** In the case of a proprietary concern, details of the Proprietor in case of Partnership firm details of Managing Partner, in case of Public Limited Company/Private Limited Company details of Managing Director should be filled in. In case of others, person who is authorised to do business be filled in.
- 05 **Status of business:** Tick category appropriate to your business. In case of other business like Hindu undivided family, Society club, Association, Trust, Local authority, Govt. departments etc., please specify the status
- 06 **Nature of Principal Business Activities:** Fill in the description of your main business activity. If it does not fit in the space provided on the form, or there are additional business activities, record these on a separate sheet.
Ex: Manufacturer, Exporter, Importer, Distributor, C & F Agent, Wholesaler/ Stockiest, Retailer, Agent, Govt./ Local authority Works Contractor, other Works Contractor, Hotels, Leasing and any combination of these activities. If any other specific activity is undertaken, please indicate the same.
- 07 **Principal Commodities traded:** Fill in the description of your Principal Commodities traded.
- 08 **Business bank account details:** Fill in the name of your bank, branch along with the relevant code and your account number. In case you have more bank accounts, including those located outside Andhra Pradesh, please mention the details of all bank accounts.
- 09 **Income Tax Permanent Account Number (PAN):** Indicate your permanent account number allotted by the Income Tax Department.
- 10 **Address of Additional place of Business/Branches/Godowns (if any):** Fill in the addresses of branches of the business if there are any. Additional places/ branches/godowns including those located outside Andhra Pradesh must be declared on Form VAT 100A.
- 11 **Particulars of Owners/Partners/Directors etc.:** Fill in the names in full, function like Director, Partner, Agent etc., and address of the owners of the enterprise in the space provided on Form VAT 100B. Avoid abbreviations.
- 12 **Language in which book is maintained:** State the language in which the records are maintained.
- 13 **Are your accounts computerized:** Please state whether you have computerized accounts in your business. Tick Yes or No.
- 14 **Date of first taxable sale:** In case of new business fill in the date when you expect to make your first taxable date of sale including sales liable at the zero rates. If you are already in business, please indicate the first taxable sale liable to VAT.
- 15(a) **Turnover of taxable sales of goods in the last 3 months:** Fill in, in rupees the total value of sales of goods liable to tax at all rates including the zero rate made in the last 3 months.

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- 15(b) **Turnover of taxable sales of goods in the last 12 months:** Fill in, in rupees the total value of sales of goods liable to tax at all rates including the zero rate made in the last 12 months.
- 16(a) **Anticipated turnover of taxable sales of goods in the next 3 months:** Fill in, in rupees, the total value of taxable sales of goods at all rates including the zero rate that you expect to realize in the next 3 months.
- 16(b) **Anticipated turnover of taxable sales of goods in the next 12 months:** Fill in, in rupees the total value of taxable sales of goods at all rates including the zero rate that you expect to realize in the next 12 months.
17. **Anticipated turnover of exempt sales and transactions in the next 12 months:** Fill in, in rupees, the value of exempt sales and transactions which are defined in the A.P.VAT Act that you expect to make in the next 12 months. (See VAT leaflet 01 "VAT Guide").
18. **Are you applying for voluntary registration:** If your taxable turnover does not exceed the VAT registration limit of Rs.10 lakhs in the case of sales of goods in any consecutive 3 months period and you do not expect to exceed these limits in the next 3 months you may still apply for registration for VAT and this is voluntary registration. In this case cross Yes, otherwise cross No.
19. **Are you applying for registration as Start up Business:** Are you applying for registration more than 3 months before expecting to make taxable sales. (Tick Yes or No.)
20. **Indicate your GRN:** Indicate your General Registration Number, if any if you are applying VAT registration. **Have you applied for CST Registration?** Declare whether you have applied for registration under CST Act.
21. **Registration Number under Profession Tax Act:** Please enter the registration number allotted to you, if any, under A.P. Profession Tax Act.
22. **Do you expect your input tax to regularly exceed your output tax:** Do you expect the tax you are charged on your purchases to regularly exceed the tax you charge your customers? If Yes provide a reason i.e., whether exporter of goods.
23. **Are you applying for registration in response to a notice by the Tax Officer ?** Please write the notice number you have received, in case you are applying for VAT registration in response to the notice received from the tax department
24. **Any other relevant information ?** If you are availing tax incentives like tax deferment or tax holiday, please provide the details like type of incentives, amount of incentives, period etc. If required use separate sheet of paper.

Declaration: Fill in the full name of the person and indicate the status of that person. Sign and date the application.

IMPORTANT:

- a) Copy of Proof of Identity of the sole proprietor/managing partner /managing director / responsible person for the business like copy of passport, voter Identity card, Proof of bank account, Credit Card, Ration Card, Driving license etc., must be enclosed.
- b) Please fill in and enclose Form VAT 100A and 100B if they found necessary.