Government of India/State

Department of ---------

GSTR-7

[See Rule…..]

TDS Return

1. **GSTIN**: ………………..
2. **Name of Deductor**: ……………….. (S.No. 1 and 2 will be auto-populated on logging)
3. **Return period**: Month……………….. Year………………..

4. TDS details

(figures in Rs.)

GSTIN of deductee	Contract Details			Invoice/Document			Date of Payment to deductee	Value on which TDS is to be deducted	TDS_IGST		TDS_CGST		TDS_SGST	
	No	Date	Value	No	Date	Value			Rate	Amt	Rate	Amt	Rate	Amt
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

4A. Revision in TDS details

(figures in Rs.)

Revised/Original GSTIN of deductee	Contract Details			Invoice/Document			Revised/Original Date of Payment to deductee	Revised/Original Value on which TDS is to be deducted	TDS_IGST		TDS_CGST		TDS_SGST	
	No	Date	Value	No	Date	Value			Rate	Amt	Rate	Amt	Rate	Amt
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

5. Liability payable and paid

(figures in Rs.)

Description	IGST Payable	CGST Payable	SGST Payable	Dr. No.	IGST Paid	CGST Paid	SGST Paid
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TDS							
Interest on delayed payment of TDS							
Fees for late filing of return							
Others (please specify)							
Total							

6. Refund Claimed

S.No	Description	CGST	SGST	IGST
(1)	(2)	(3)	(4)	(5)
1.	Refund claimed from cash ledger			
2.	Bank Account Number*			

I _____hereby declare that the information given in this return is true, correct and complete in every respect. I further declare that I have the legal authority to submit this return.

Place:

Date: **(Signature of Authorized Person)**

Note:
1. To be furnished by 10th of the month succeeding the month of deduction