

Government of India /State
Department of -----

Form GST PMT -5

(See Rule ----)

Payment Register of Temporary IDs / Un-registered Taxpayers

Date: From - To ---

State -

Sr No	Temporary ID	Name	CPI N	CI N	BR N	Date of payment	File No.	Amount Deposited																	
								CGST						IGST						SGST					
								T	I	P	F	O	Total	T	I	P	F	O	Total	T	I	P	F	O	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

Note -

T - Tax, I - Interest, P - Penalty, F - Fee, O - Other