

**Sub-form for Note 24**

| Serial No.   | Supplier's BIN | Supplier's Name | Supplier's Address | Value | Deducted VAT | Invoice No/ Challan / Bill No etc.) | Invoice/ Challan/ Bill Date | VAT Deduction at Source, Certificate No | VAT Deduction at Source, Certificate Date | Tax deposit Account Code | Tax deposit serial no of book transfer | Tax deposit date | Notes |
|--------------|----------------|-----------------|--------------------|-------|--------------|-------------------------------------|-----------------------------|---|---|--------------------------|--|------------------|-------|
| 1            |                |                 |                    | -     | -            |                                     |                             |   |   |                          |  |                  |       |
| 2            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 3            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 4            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 5            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 6            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 7            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 8            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 9            |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 10           |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 11           |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| 12           |                |                 |                    |       |              |                                     |                             |   |   |                          |  |                  |       |
| <b>Total</b> |                |                 |                    | -     | -            | -                                   | -                           | -                                       | -   |                          |  |                  |       |