

Government of NCT of Delhi

Form WC 01

[(See notification under section 16(12)]

PART-A

Application Form for opting Composition by an eligible works contractor in respect of scheme as notified by Government under sub-section (12) of section 16

1. TIN :										Ward No.																			
2. Full Name of Applicant Dealer																													
3. Full Address of Dealer																													
4. Date with effect from which composition scheme is sought																													
5. Applicable rate of composition tax**										<input type="checkbox"/> 1% of the turn over <input type="checkbox"/> 2% of the turn over <input type="checkbox"/> 3% of the turn over <input type="checkbox"/> 6% of the turn over																			
** please tick in the appropriate box or boxes																													
6. Turnover in the preceding year (Rs.)																													
7. Estimated Turnover in the current year (Rs.)																													
8. Tax Payable on Opening Stock held on the first day with effect from which scheme is being opted.										Description*										Tax Payable (Rs.)									
										(i) Trading Stock																			
										(ii) Raw material																			
										(iii) Packaging Material																			
										(iv) Finished Goods																			
										Total																			
(* Please complete Part- B)																													
9. Details of Composition Tax paid calculated as per (8) above										Description																			
										(i) Amount of composition tax paid* (Rs.)																			
										(ii) Date of Deposit										<div style="display: flex; justify-content: space-between;"> / / </div> <div style="display: flex; justify-content: space-between;"> Dd mm yyyy </div>									
										(iii) Challan No. if any																			
(* Please attach original challan / proof of deposit)																													
Name and Signature of applicant / authorized signatory																													
10. Verification I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.																													
Signature of Authorized Signatory _____																													
Full Name (first name, middle, surname) _____																													
Designation/Status _____																													
Place _____																													

Date		
	Day	

Month	

Year			

Department of Trade and Taxes
Government of NCT of Delhi

Form WC 01

[See notification under section 16(12)]

(PART-B)

Details of the Stock held on the first day [i.e. on _____ (date)] of the period for which the composition is sought

(i) Details of Trading Stock

	Rate wise details of the Trading Stock	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 5%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

Carry to field
(8)(i) of part A

(* As at opening day of the period for which the composition is being opted)

(ii) Details of Raw Material

	Rate wise details of the Raw Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 5%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

Carry to field
(8)(ii) of part A

(* As at opening day of the period for which the composition is being opted)

(iii) Details of Packaging Material

	Rate wise details of the Packaging Material	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 5%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

Carry to field
(8)(iii) of part A

(* As at opening day of the period for which the composition is being opted)

(iv) Details of Finished Goods

	Rate wise details of the Finished Goods	Purchase Value (Rs.)	Fair Market Value* (Rs.)	Tax Payable (Rs.)
A	Goods taxable at 1%			
B	Goods taxable at 5%			
C	Goods taxable at 12.5%			
D	Goods taxable at 20%			
E	Total			

Carry to field
(8)(iv) of part A

(* As at opening day of the period for which the composition is being opted)

Name and signature of applicant / authorized signatory

(v). Verification
I/We _____ hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.
Signature of Authorised Signatory _____
Full Name (first name, middle, surname) _____
Designation _____

Place																			
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Date		
	Day	

Month	

Year			

(PART-A)

Department of Trade and Taxes
Government of NCT of Delhi

Form SS 01

[See notification under section 16(12)]

Statement of opening stock held on the first day of the period for which composition is to be opted

TIN _____
Full Name of Business _____
Total Value of the Stock as on first day of the period _____
for which composition scheme is to be opted _____
Details of Stock purchases (as per Table below) _____

Table

S.No.	Description of goods	Quantity	Purchase Value

* The above table can be prepared and attached with the form as per the requirement

Certification of Details

I/We _____ hereby certify that all the above-mentioned stock details are true and correct to the best of my/our knowledge. Further certified that the particulars indicated above are the correct version of the documents, which are in my/our possession and can be produced before the Value Added Tax Department on demand.

Signature of the dealer

Name:

Address:

Date:

Place:

Form CC 01

CERTIFICATE BY THE CONTRACTOR

I.....(Name of the person signing the declaration).....
(Proprietor/Partner/Director/Manager/Secretary/Karta/Trustee/Office) in charge of M/s..... who
is a registered dealer holding TIN..... under the Delhi Value Added Tax Act, 2004, hereby certify
that I have opted to pay tax under the composition scheme as notified under section 16(12), vide
notification dated....., mentioned in the said notification at serial no..... scheme.....,
w.e.f., and that I have awarded sub-contract work to M/s..... who is also a
registered dealer holding TIN.....

Sl. No.	Particulars of works contracts awarded as sub-contract	Date of allocation of sub-contract	Value of sub-contract	Total amount of payments made to sub-contractor during the period from...to....	Balance value of the sub-contract	Last date for completion of sub-contract, if any
(1)	(2)	(3)	(4)	(5)	(6) (4-5)	(7)
1.						
2.						
3.						
4.						
	TOTAL					

Name and signature of contractor / authorized signatory

Designation

[illegible]