## FORM GST DRC - 20

[See rule 158(1)]

## **Application for Deferred Payment/ Payment in Instalments**

1. Name of the tax	xable person-				
2. GSTIN -					
3. Period					
extension of time t	upto for pay		I request you to alloudes or to allow med		
Demand ID					
Description	Central tax	State /UT tax	Integrated tax	CESS	
Tax/Cess Interest					
Penalty					
Fees					
Others Total					
Reasons: -				Uploa	d Document
		Verification			
•			given herein above i g has been concealed		
Signature of Author	orized Signatory				
Name					
Place -					
Date -					