

Form GST ITC-04

[See Rule – _____]

Details of goods/capital goods sent to job worker and received back

1. GSTIN -
2. (a) Legal name -
(b) Trade name, if any -

3. Details of inputs/capital goods sent for job-work

GSTIN / Name of job worker if unregistere d	Challa n no.	Challan date	Goods Receipt date (In case of direct delivery to Job-worker)	Place of Supply (State of recipient)	Descriptio n	UQC	Quantity	Taxable value	Type of goods (Inputs /capital goods)	Amount of tax								
										Central Tax		State Tax		UT Tax		Integrate d Tax		Cess
										Rat e (%)	Am t.	Rate (%)	Amt .	Rat e (%)	Am t.	Rat e (%)	Am t.	Amt.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

3A. Amendment of details of inputs/capital goods removed for job-work

Original details			Revised details																		
GSTIN / Name of Job worker	Challan no.	Challan date	GSTIN / Name of Job worker	Challan No.	Challan Date	Goods Receipt date in case of direct delivery to Job-worker.	POS (place of Supply)	Description	UQC	Quantity	Taxable value	Type of goods (Inputs/capital goods)	Amount of tax								
													Central Tax		State Tax		UT Tax		Integrated Tax		Cess
													Rate (%)	Amt.	Rate (%)	Amt.	Rate (%)	Amt.	Amt.	Rate (%)	Amt.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

4. Details of inputs/capital goods received back from job worker or sent out from business place of job-work

GSTIN / Name of job worker	Received back/sent out directly	Original challan No.	Original challan date	Invoice details in case of sent out directly		Description	UQC	Quantity	Taxable value	Type of goods (Inputs/capital goods)	Amount of tax										
				No.	Date						Central Tax		State Tax		UT Tax		Integrated Tax		Cess		
				Rate (%)	Amt.						Rate (%)	Amt.	Rate (%)	Amt.	Rate (%)	Amt.	Amt.				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

4A. Amendments of Details of inputs/capital goods received back or disposed of from business place of job-work

Received back/sent out directly	Original details			Revised Details									Amount of tax involved on goods received									
	GSTIN / Name of job worker	Challan no.	Challan date	Challan no.	Challan date	Invoice Details in case of sent out Directly		Description	UQC	Quantity	Taxable value	Type of goods (Inputs/capital goods)	Central Tax		State Tax		UT Tax		Integrated Tax		Cess	
						No.	Date						Rate (%)	Amt.	Rate (%)	Amt.	Rate (%)	Amt.	Rate (%)	Amt.	Amt.	
						14	15						16	17	18	19	20	21	22			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	

5. Verification (by authorized signatory)

I hereby solemnly affirm and declare that the information given herein above is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Place

Date

Signature

Name of Authorized Signatory

Designation /Status.....