

Annexure B

Office of the Commissioner -----

Report for the month of -----

<u>Name of the State</u>	<u>Details of the Entity</u>		<u>Time Period</u>		<u>Name of the State for which refund has been sanctioned</u>	<u>Central Tax</u>	<u>State Tax / UT Tax</u>	<u>Integrated tax</u>	<u>Cess</u>
	<u>Name</u>	<u>UIN</u>	<u>From</u>	<u>To</u>					