**Form GST REG-30**

*[See rule 25]*

**Form for Field Visit Report**

Center Jurisdiction (Ward/Circle/Zone)

|  |  |  |
| --- | --- | --- |
| Name of the Officer:- << to be prefilled>>  Date of Submission of Report:-  Name of the taxable person  GSTIN/UIN –  Task Assigned by:- < Name of the Authority- to be prefilled>  Date and Time of Assignment of task:- < System date and time> | | |
| Sr. No. | Particulars | Input |
| 1. | Date of Visit |  |
| 2. | Time of Visit |  |
| 3. | Location details : |  |
|  | Latitude | Longitude |
|  | North – Bounded By | South – Bounded By |
|  | West – Bounded By | East – Bounded By |
| 4. | Whether address is same as mentioned in application. | Y / N |
| 5. | Particulars of the person available at the time of visit |  |
| (i) | Name |  |
| (ii) | Father’s Name |  |
| (iii) | Residential Address |  |
| (iv) | Mobile Number |  |
| (v) | Designation / Status |  |
| (vi) | Relationship with taxable person, if applicable. |  |
| 6. | Functioning status of the business | Functioning - Y / N |
| 7. | Details of the premises |  |
|  | Open Space Area (in sq m.) - (approx.) |  |
|  | Covered Space Area (in sq m.) - (approx.) |  |
|  | Floor on which business premises located |  |
| 8. | Documents verified | Yes/No |
| 9. | Upload photograph of the place with the person who is present at the place where site verification is conducted. | |
| 10. | Comments (not more than < 1000 characters>  Signature  Name of the Officer:  Designation:  Jurisdiction:  Place:  Date: | |

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