

Annexure-B**Statement of invoices to be submitted with application for refund of unutilized ITC**

| Sr. No. | GSTIN of the Supplier | Name of the Supplier | Invoice Details | | | Category of input supplies | | Central Tax | State Tax/ Union Territory Tax | Integrated Tax | Cess | Eligible for ITC | Amount of eligible ITC |
|---------|-----------------------|----------------------|-----------------|------|-------|-------------------------------------|---------|-------------|--------------------------------|----------------|------|------------------|------------------------|
| | | | Invoice No. | Date | Value | Inputs/Input Services/capital goods | HSN/SAC | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | | | | | | | Yes/No/Partially | |