

Government of India /State  
Department of -----

**Form GST PMT -5**  
(See Rule ---- )

**Payment Register of Temporary IDs / Un-registered Taxpayers**

**Date: From – To ---**  
**State –**

Sr No	Temporary ID	Name	CPI N	CI N	BR N	Date of payment	File No.	Amount Deposited																	
								CGST						IGST					SGST						
								T	I	P	F	O	Total	T	I	P	F	O	Total	T	I	P	F	O	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26

**Note –**

**T – Tax, I – Interest, P – Penalty, F - Fee, O - Other**