

FORM OF APPEAL UNDER SECTION 31

[See Rule 38(2)(a)]

FORM APP 400

01. Office Address:

Date Month Year

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02	TIN/GRN	
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03. Name :	_____
Address:	_____

I wish to appeal against the following decision / assessment received from the tax office on _____

04. Date of filing of appeal	
05. Reasons for delay (if applicable enclose a separate sheet)	
06. Tax Period / Tax Periods	
07. Tax Office decision / assessment Order No: Date/Authority who passed orders	
08. Grounds of the appeal (use separate sheet if space is insufficient)	
09. If Turnover is disputed:	
a) Disputed turnover	Rs.
b) Tax on the disputed turnover	Rs.
10. If rate of tax is disputed:	
a) Turnover involved	Rs.
b) Amount of tax disputed	Rs.
11. 12.5% of the above disputed tax paid	Rs.

(The payment particulars are to be enclosed if already paid along with the reasons on Form APP 400A)

10. Payment Details:

Challan / No.	Date	Bank / Treasury	Branch Code	Amount	Instrument
TOTAL					

Declaration:

I hereby declare that the information provided on this form to the best of my knowledge is true and accurate. Name _____ Being (title) _____

Signature of the Appellant
& Stamp.

Date of declaration _____

Please Note: A false declaration is an offence.

Enclosure:- 1) Original Notice of Decision / Assessment

- 2) Proof of payment of disputed tax.
- 3) Reasons for delay (if applicable)
- 4) Reasons for not paying the disputed tax on Form APP 400A (if applicable)