

**APPLICATION OF TOT DEALER / OTHERS FOR PAYMENT OF  
AMOUNT OUTSTANDING BY INSTALMENTS**

01. Tax Office Address:

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Date    Month    Year

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02	GRN			
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 / OTHERS

03. Name : \_\_\_\_\_

Address: \_\_\_\_\_

I / we have to pay the following amount outstanding to the Commercial Taxes Department as on \_\_\_\_\_

Tax	Rs.	_____
Penalty	Rs.	_____
Penal Interest	Rs.	_____
<b>TOTAL</b>	<b>Rs.</b>	_____

Now I/we am unable to pay the above amount outstanding at one time for the reasons given below:

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Therefore I request you to sanction me approval to pay the above amount outstanding in \_\_\_\_\_ number of instalments.

**Signature &  
Status**