

**FORM OF APPEAL TO THE APPELLATE JOINT COMMISSIONER OF
TAXES IN THE OFFICE OF THE APPELLATE JOINT
COMMISSIONER OF TAXES,**

..... RANGE ZONE

Circle of Assessment

Name of the Appellant and, in the case of a firm,
also the names of its partners.

Income year

Assessment year

Deputy Commissioner of Taxes passing the order.

Section under which the Deputy Commissioner of Taxes passed the order.

Income tax demanded

Date of service of the order appealed against or of the Notice of Demand.

Address to which the notices may be sent to the appellant.

Relief claimed in appeal.

Grounds of Appeal-

- 1.
- 2.
- 3.
- 4.

Signature
(Appellant)

Name in block letters.....
Address.....

Verification

I,....., the appellant, do hereby
declare that what is stated above is true to the best of my information and belief.

Signature.....
Name in block letters.....
Address.....

-
- Notes.—**
- (1) The appeal petition shall be filed in duplicate.
 - (2) The appeal petition shall be accompanied by the Notice of Demand or the copy of the order appealed against.
 - (3) The form of appeal and verification thereof shall be signed-
 - (a) in the case of an individual, by the individual himself;
 - (b) in the case of a company or local authority, by the principal officer;
 - (c) in the case of a firm, by a partner.
 - ¹(4) A copy of the appeal petition is to be submitted to the concerned Deputy Commissioner of Taxes.]

¹ Inserted by SRO No. 219-IncomeTax/2003, dt. 19-07-2003

**FORM OF APPEAL TO THE COMMISSIONER OF TAXES (APPEALS)
IN THE OFFICE OF THE COMMISSIONER OF TAXES (APPEALS)**

.....ZONE.....

Circle of Assessment.

Name of the appellant and, in the case of a firm, also the names of its partners.

Income year

Assessment year

Deputy Commissioner of Taxes/Inspecting Joint Commissioner passing the order.

Section under which the Deputy Commissioner of Taxes the Inspecting Joint Commissioner passed the order.

Income tax demanded

Date of service of the order appealed against or of the Notice of Demand.

Address to which the notices may be sent to the appellant.

Relief claimed in appeal.

Grounds of Appeal-

- 1.
- 2.
- 3.
- 4.

Signature (Appellant)

Name in block letters.....

Address.....