## FORM OF APPEAL UNDER SECTION 31

[See Rule 38(2)(a)]

FORM APP 400

01.Office Address:	Date Month Year
	02 TIN/GRN
03.Name :	
Address:	
I wish to appeal against the following decision / assessment re	eceived 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 inform	nation 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 declaratio Enclosure:- 1) Original Notice of	
<ul><li>2) Proof of paymen</li><li>3) Reasons for dela</li><li>4) Reasons for not</li></ul>	1