

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

01. Tax Office Address:

Date Month Year
____ ____ ____

02 GRN ____ ____ ____ /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.	_____
TOTAL	Rs.	_____

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

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

**Signature &
Status**