

# APPLICATION FOR AN APPEAL

[illegible]

Name of Taxpayer :	

Charge No.	:		Assessment Date	:	D	D	/	M	M	/	Y	Y	Y	Y
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Tax Type	:		Period	:	
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Tax Assessed	: <b>Rs.</b>	Penalty Assessed	: <b>Rs.</b>
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**Grounds of Appeal :**

[illegible]

Name	:	
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[illegible]

Designation :	
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## AUTHORIZATION

Name	:	
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Designation :	
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[illegible]

Signature :	
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Date : 

D	D	/	M	M	/	Y	Y	Y	Y
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