



## APPEAL TO COMMISSIONER GENERAL OF INLAND REVENUE

All fields marked with \* are Mandatory

Please fill up the form using **BLOCK LETTERS**

Taxpayer Identification Number (TIN) \* :

Name of Taxpayer :

Charge No. :  Assessment Date :

Tax Type :  Period :

Tax Assessed : **Rs.**  Penalty Assessed : **Rs.**

**Grounds of Appeal :**

If application is submitted by an authorized person, please specify the name of the authorized person

Name :

National Identity Card / Passport No. :

Designation :

### **AUTHORIZATION \***

I/We hereby submit the appeal against the above mentioned Assessment.

Name :

Designation :

Telephone Number :  Mobile :

National Identity Card / Passport No. :

Signature :

Date :

Note: This form should be submitted along with supporting documents (If any) to the Help Desk at the nearest IRD branch.