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**GOODS AND SERVICES TAX RULES, 2017**  
**APPEAL AND REVISION FORMATS**

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**List of Forms**

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**Appeal to Appellate Authority**

1. GSTIN/ Temporary ID/UIN –
2. Legal name of the appellant -
3. Trade name, if any –
4. Address -
5. Order no. - Order date -
6. Designation and address of the officer passing the order appealed against -
7. Date of communication of the order appealed against -
8. Name of the authorized representative -
9. Details of the case under dispute -
  - (i) Brief issue of the case under dispute -
  - (ii) Description and classification of goods/ services in dispute-
  - (iii) Period of dispute-
  - (iv) Amount under dispute:

Description	Central tax	State/ UT tax	Integrated tax	Cess
a) Tax/ Cess				
b) Interest				
c) Penalty				
d) Fees				
e) Other charges				

(v) Market value of seized goods

10. Whether the appellant wishes to be heard in person – Yes / No
11. Statement of facts:-
12. Grounds of appeal:-
13. Prayer:-

14. Amount of demand created, admitted and disputed

Particulars of demand/ refund	Particulars		Central tax	State/ UT tax	Integrated tax	Cess	Total amount	
							< total >	
Amount of demand created (A)	a) Tax/ Cess						< total >	< total >
	b) Interest						< total >	
	c) Penalty						< total >	
	d) Fees						< total >	
	e) Other charges						< total >	
Amount of demand admitted	a) Tax/ Cess						< total >	< total >
	b) Interest						< total >	
	c) Penalty						< total >	
	d) Fees						< total >	

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	(B)	e) Other charges					< total >	
	Amount of demand disputed (C)	a) Tax/ Cess					< total >	< total >
		b) Interest					< total >	
		c) Penalty					< total >	
		d) Fees					< total >	
		e) Other charges					< total >	

### 15. Details of payment of admitted amount and pre-deposit:-

#### (a) Details of payment required

Particulars			Central tax	State/ UT tax	Integrated tax	Cess	Total amount	
a) Admitted amount	Tax/ Cess						< total >	< total >
	Interest						< total >	
	Penalty						< total >	
	Fees						< total >	
	Other charges						< total >	
b) Pre-deposit (10% of disputed tax)	Tax/ Cess						< total >	

#### (b) Details of payment of admitted amount and pre-deposit (pre-deposit 10% of the disputed tax and cess)

Sr. No.	Description	Tax payable	Paid through Cash/ Credit Ledger	Debit entry no.	Amount of tax paid			
					Central tax	State/UT tax	Integrated tax	CESS
1	2	3	4	5	6	7	8	9
1.	Integrated tax		Cash Ledger					
			Credit Ledger					
2.	Central tax		Cash Ledger					
			Credit Ledger					
3.	State/UT tax		Cash Ledger					
			Credit Ledger					
4.	CESS		Cash Ledger					
			Credit Ledger					

#### (c) Interest, penalty, late fee and any other amount payable and paid

Sr. No.	Description	Amount payable				Debit entry no.	Amount paid			
		Integrated tax	Central tax	State/UT tax	CESS		Integrated tax	Central tax	State/UT tax	CESS
1	2	3	4	5	6	7	8	9	10	11



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## Form GST APL – 02

[See Rule < \_\_ >]

### Acknowledgment for submission of appeal

<Name of applicant><GSTIN/Temp ID/UIN/Reference Number with date >

Your appeal has been successfully filed against < Application Reference Number >

1. Reference Number-
2. Date of filing-
3. Time of filing-
4. Place of filing-
5. Name of the person filing the appeal-
6. Amount of pre-deposit-
7. Date of acceptance/rejection of appeal-
8. Date of appearance-

Date:

Time:

9. Court Number/ Bench

Court:

Bench:

Place:

Date:

< Signature >

Name:

Designation:

On behalf of Appellate Authority/Appellate  
Tribunal/ Commissioner / Additional or Joint Commissioner

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## Form GST APL - 03

[See Rule < \_\_ >]

### Application to the Appellate Authority under sub-section (2) of Section 107

1. Name and designation of the appellant Name-  
Designation-  
Jurisdiction-  
State/Center-  
Name of the State-
2. GSTIN/ Temporary ID /UIN-
3. Order no. Date-
4. Designation and address of the officer passing the order appealed against-
5. Date of communication of the order appealed against-
6. Details of the case under dispute-
  - (i) Brief issue of the case under dispute-
  - (ii) Description and classification of goods/ services in dispute-
  - (iii) Period of dispute-
  - (iv) Amount under dispute-

Description	Central tax	State/ UT tax	Integrated tax	Cess
a) Tax/ Cess				
b) Interest				
c) Penalty				
d) Fees				
e) Other charges				

7. Statement of facts-
8. Grounds of appeal-
9. Prayer-
10. Amount of demand in dispute, if any -

Particulars of demand/refund, if any	Particulars		Central tax	State/UT tax	Integrated tax	Cess	Total amount		
	Amount of demand created, if any (A)	a) Tax/ Cess							
		b) Interest						< total >	< total >
		c) Penalty						< total >	
		d) Fees						< total >	
		e) Other charges						< total >	
							< total >		

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	Amount under dispute (B)	a) Tax/ Cess					< total >	< total >
		b) Interest					< total >	
		c) Penalty					< total >	
		d) Fees					< total >	
		e) Other charges					< total >	

Date:

**< Signature >**

Name of the Applicant Officer:

Designation:

Jurisdiction:





							>		
		d) Fees					< total >		
		e) Other charges					< total >		
	Amount under dispute (B)	a) Tax/ Cess						< total >	< total >
		b) Interest						< total >	
		c) Penalty						< total >	
		d) Fees						< total >	
		e) Other charges						< total >	
	Amount admitted (C)	a) Tax/ Cess						< total >	< total >
		b) Interest						< total >	
		c) Penalty						< total >	
		d) Fees						< total >	
		e) Other charges						< total >	

14. Details of payment of admitted amount and pre-deposit:  
(a) Details of amount payable :

Particulars			Central tax	State/UT tax	Integrated tax	Cess	Total amount	
a) Admitted amount	Tax/ Cess						< total >	< total >
	Interest						< total >	
	Penalty						< total >	
	Fees						< total >	
	Other charges						< total >	
b) Pre-deposit (20% of disputed tax)	Tax/ Cess						< total >	

(b) Details of payment of admitted amount and pre-deposit (pre-deposit 20% of the disputed admitted tax and cess)

Sr. No.	Description	Tax payable	Paid through Cash/ Credit Ledger	Debit entry no.	Amount of tax paid			
					Integrated tax	Central tax	State/UT tax	CESS



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**Form GST APL – 06**

[See Rule < \_\_ >]

## Cross-objections before the Appellate Authority / Appellate Tribunal

Sr. No.	Particulars				
1	Appeal No. -		Date of filing -		
2	GSTIN/ Temporary ID/UIN-				
3	Name of the appellant-				
4	Permanent address of the appellant-				
5	Address for communication-				
6	Order no.		Date-		
7.	Designation and Address of the officer passing the order appealed against-				
8.	Date of communication of the order appealed against-				
9.	Name of the representative-				
10.	Details of the case under dispute-				
(i)	Brief issue of the case under dispute-				
(ii)	Description and classification of goods/ services in dispute-				
(iii)	Period of dispute-				
(iv)	Amount under dispute	Central tax	State/UT tax	Integrated tax	Cess
	a) Tax				
	b) Interest				
	c) Penalty				
	d) Fees				
	e) Other charges (specify)				
(v)	Market value of seized goods-				
11	State or Union Territory and the Commissionerate (Centre) in which the order or decision was passed (Jurisdiction details)-				
12	Date of receipt of notice of appeal or application filed with the Appellate Tribunal by the appellant or the Commissioner of State/Central tax/UT tax, as the case may be-				
13	Whether the decision or order appealed against involves any question relating to place of supply - Yes                      No				

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14	In case of cross-objections filed by a person other than the Commissioner of State/UT tax/Central tax					
	(i) Name of the Adjudicating Authority- (ii) Order Number and date of Order- (iii) GSTIN/UIN/Temporary ID- (iv) Amount involved:					
	Head	Tax	Interest	Penalty	Refund	Total
	Integrated tax					
	Central tax					
	State/UT tax					
	Cess					
15	Details of payment					
	Head	Tax	Interest	Penalty	Refund	Total
	Central tax					
	State/UT tax					
	Integrated tax					
	Cess					
	Total					
16	In case of cross-objections filed by the Commissioner State/UT tax/Central tax:					
	(i)	Amount of tax demand dropped or reduced for the period of dispute				
	(ii)	Amount of interest demand dropped or reduced for the period of dispute				
	(iii)	Amount of refund sanctioned or allowed for the period of dispute				
	(iv)	Whether no or lesser amount imposed as penalty				
		TOTAL				
17	Reliefs claimed in memorandum of cross -objections.					
18	Grounds of Cross objection					

**Verification**

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

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ 20... \_\_\_\_\_

Place:

Date:

**<Signature>**

Name of the Applicant/ Officer:

Designation/Status of Applicant/ officer:



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		charges						
	Amount under dispute (B)	a) Tax/ Cess					< total >	< total >
		b) Interest					< total >	
		c) Penalty					< total >	
		d) Fees					< total >	
		e) Other charges					< total >	

Place:

Date:

< Signature >

Name of the Officer:

Designation:

Jurisdiction:-

**Form GST APL – 08**

[See Rule-----]

**Appeal to the High Court under section 117**

1. Appeal filed by -----Taxable person / Government of <-->
2. GSTIN/ Temporary ID/UIN-  
Name of the appellant/ officer-
3. Permanent address of the appellant, if applicable-
4. Address for communication-
5. Order appealed against                      Number                      Date-
6. Name and Address of the Appellate Tribunal passing the order appealed against-
7. Date of communication of the order appealed against-
8. Name of the representative
9. Details of the case under dispute:
  - (i) Brief issue of the case under dispute with synopsis
  - (ii) Description and classification of goods/ services in dispute
  - (iii) Period of dispute
  - (iv) Amount under dispute

Description	Central tax	State/ UT tax	Integrated tax	Cess
a) Tax/ Cess				
b) Interest				
c) Penalty				
d) Fees				
e) Other charges				

- (v) Market value of seized goods
10. Statement of facts
11. Grounds of appeal
12. Prayer
13. Annexure(s) related to grounds of appeal

**Verification**

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I, < \_\_\_\_\_ >, hereby solemnly affirm and declare that the information given hereinabove is true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Place:

Date:

**<Signature>**

Name:

Designation/Status: