

**ANNEXURE-1**

**FORM NO. 35**

(See rule 45)

Appeal to the Commissioner of  
Income-tax (Appeals)

36

Personal Information	First Name	Middle Name	Last Name or Name of Entity	PAN
				TAN (if available)
	Flat/ Door/ Block No.		Name of Premises/ Building/ Village	Road/ Street/ Post Office
	Area/ Locality		Town/City/District	State (Select)
	Country (Select)	Pin Code	Phone No. with STD code/ Mobile No.	Email Address  Whether notices/ communication may be sent on email? Yes/ No

Order against which Appeal is filed	1	Assessment year in connection with which the appeal is preferred/ Enter financial year in case appeal is filed against an order where assessment year is not relevant			
	2	Details of the order appealed against			
		a	Section and sub-section of the Income-tax Act,1961		
		b	Date of Order		
c	Date of service of Order / Notice of Demand				
3	Income-tax Authority passing the order appealed against				
Pending Appeal	4	Whether an appeal in relation to any other assessment year/ financial year is pending in the case of the appellants with any Commissioner (Appeals)		Yes/ No	
	4.1	If reply to 4 is Yes, then give following details.-			
		a	Commissioner (Appeals), with whom the appeal is pending		
		b	Appeal No. and date of filing of appeal		
		c	Assessment year/ financial year in connection with which the appeal has been preferred		
		d	Income-tax Authority passing the order appealed against		
		e	Section and sub-section of the Income-tax Act, 1961, under which the order appealed against has been passed		
f	Date of such Order				

Appeal Details	5	Section and sub-section of the Income-tax Act,1961 under which the appeal is preferred		
	6	If appeal relates to any assessment		
		a	Amount of Income Assessed (in Rs.)	
		b	Total Addition to Income (in Rs.)	
		c	In case of Loss, total disallowance of Loss in assessment (in Rs.)	
		d	Amount of Addition/ Disallowance of Loss disputed in Appeal (in Rs.)	
	e	Amount of Disputed Demand (in Rs.) – Enter Nil in case of Loss		
	7	If appeal relates to penalty:		
		a	Amount of penalty as per Order (in Rs.)	
		b	Amount of penalty disputed in Appeal (in Rs.)	

	8	Where a return has been filed by the appellant for the assessment year in connection with which the appeal is filed, whether tax due on income returned has been paid in full			Yes/No/ Not Applicable	
	8.1	If reply to 8 is Yes, then enter details of return and taxes paid				
		a	Acknowledgement number			
		b	Date of filing			
		c	Total tax paid			
	9	Where no return has been filed by the appellant for the assessment year, whether an amount equal to the amount of advance tax as per section 249(4) (b) of the Income-tax Act, 1961 has been paid			Yes/No/ Not Applicable	
	9.1	If reply to 9 is Yes, then enter details				
		Tax Payments				
		BSR Code	Date of payment	S I . No.	Amount	
		Total				

	10	If the appeal relates to any tax deductible under section 195 of the Income-tax Act, 1961 and borne by the deductor, details of tax deposited under section 195(1)			
		BSR Code	Date of payment	Sl. No.	Amount
		Total			
Statement of facts, Grounds of Appeal and additional evidence	11	<b>Statement of Facts</b>			
		Facts of the case in brief (not exceeding 1000 words)			
		List of documentary evidence relied upon			
	12	Whether any documentary evidence other than the evidence produced during the course of proceedings before the Income-tax Authority has been filed in terms of rule 46A	Yes / No		
	12.1	If reply to 12 is Yes, furnish the list of such documentary evidence			
	13	Grounds of Appeal (each ground not exceeding 100 words)			
		1.			
		2.			
3.					

	14	Whether there is delay in filing appeal			Yes/ No
	15	If reply to 13 is Yes, enter the grounds for condonation of delay (not exceeding 500 words)			
	16	Details of Appeal Fees Paid			
		BSR Code	Date of payment	Sl. No.	Amount
		Total			
	17	Address to which notices may be sent to the appellant			

41

***Form of verification***

I, \_\_\_\_\_ the appellant, do hereby declare that what is stated above is true to the best of my information and belief. It is also certified that no additional evidence other than the evidence stated in row 12.1 above has been filed.

Place

Date

Signature

## ANNEXURE-2

### FORM NO.36

{{SEE RULE 47(1)}}

Form of Appeal to the Appellate Tribunal In the Income-tax Appellate Tribunal..... Appeal No..... of .....

Versus

.....

APPELLANT

RESPONDENT

1.	The State in which the assessment was made	
2.	Section under which the order appealed against was passed	
3.	Assessment year in connection with which the appeal is preferred.	
3A.	Total income declared by the assessee for the assessment year referred to in item 3	
3B.	Total income computed by the Assessing Officer for the assessment year referred to in item.3	

4.	The Assessing Officer passing the original order.	
5.	Section of the Income-tax Act,1961 under which the Assessing Officer passed the order.	
6.	The Deputy Commissioner (Appeals ) in respect of order passed before 1 <sup>st</sup> day of October, 1998 Commissioner (Appeals) passing the order under section 154/250/271/271A/272A	
7.	The Deputy Commissioner or the Deputy Director iin respect of orders passed before the 1 <sup>st</sup> day of October, 1998, or the jJoint Commissioner or the Joint Director passing the order under section 154/272A/274(2)	
8.	The Chief Commissioner or Director General or Director or Commissioner, passing the order under section 154(2)/250/263/271/ 271A/272A.	
9.	Date of communication of the order appealed against	



10	Address to which notices may be sent to the appellant	
11.	Address to which notices may be sent to the respondent.	
12	Relief claimed in appeal.	

**GROUND OF APPEAL**

1.

2.

.....  
.....

Signed

Signed

(Authorized Representative,if any)

(Appellant)

**VERIFICATION**

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

Verified today the .....day of.....

**ANNEXURE-3**

**FORM NO. 36A**

[See Rule 47(1)]

Form of memorandum of cross-objections to the  
Appellant Tribunal

In the Income-tax Appellate Tribunal .....

Cross-objection No.....of .....

In Appeal No..... of.....

Versus

.....

APPELLANT

RESPONDENT

1	Appeal No. allotted by the Tribunal to which memorandum of cross-objections relates	
2	The state in which the assessment was made	
3	Section under which the order appealed against was passed.	

4	Assessment year in connection with which the memorandum of cross-objections is preferred	
5	Date of receipt of notice of appeal filed by the appellant to the Tribunal	
6	Address to which notices may be sent to the respondent (cross-objector)	
7	Address to which notices may be sent to the appellant	
8	Relief claimed in the memorandum of cross-objections	

**GROUNDS OF APPEAL**

- 1.
- 2.
- 3.
4. etc.

.....

Signed

(Authorized Representative, if any)

.....

Signed

(Respondent)

**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 .....

Signed