

Department of Goods Tax
Government of Arunachal Pradesh

Form DF-01

(See Rule 68 of the Arunachal Pradesh Goods Tax Rules, 2005)

Objection Form under Arunachal Pradesh Goods Tax Act, 2005

To

The.....

..... (Name of the Objection Authority)

1. Registration Number	
2. Full Name of the Business/Dealer	
3. Mailing Address	
4. Contact Telephone Number(s)	
5. Name, Address and Telephone No of Legal Representative representing in this case	
6. Nature of objection <i>Please attach copy of Assessment, order or decision objected against</i>	
7. Tax period to which the objection pertains	___ ___ / ___ ___ / ___ ___ ___ ___ to ___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i>
8. Date of issue of Assessment, order or decision objected against	___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i>
9. Date of service of Assessment, order or decision objected against	___ ___ / ___ ___ / ___ ___ ___ ___ <i>DD / MM / YYYY</i>
10. Is the objection filed within time prescribed (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If the objection is not filed within time, attach Form DF-02.	

12. Is the objection against an assessment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. If yes, then specify the amount of assessment					
14. Specify the amount of said assessment that is not disputed (Please attach proof of payment of said amount)					
15. Specify the amount of said assessment that is objected against					
S. No.	As assessed		As admitted by the appellant		Amount in dispute
	Taxable turnover of sales subject to tax	Tax assessed, penalty imposed, interest charged	Net turnover of sales which according to the applicant are liable to tax	Tax/penalty/interest	
1					
2					
3					
4					
16. Do you want a hearing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

17. Please state fully and in detail the grounds on which you are objecting. This must be done even if you have requested for a hearing.

Attach additional sheet(s) in case you are not able to provide all details in this space

Attach all documents/ evidence that you want to be considered regarding your objection

18. Please specify the list of enclosures

19. Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Authorised Signatory

Name

Designation

Place

Date