

FORM NO. 35

[See rule 45]

Appeal to the Commissioner of Income-tax (Appeals)

Designation of the Commissioner (Appeals)

*No. _____ of _____

Name and address of the appellant

Permanent Account Number

† Assessment year in connection with which the appeal is preferred

Assessing Officer/Valuation Officer passing the order appealed against

Section and sub-section of the Income-tax Act, 1961, under which the Assessing Officer/Valuation Officer passed the order appealed against and the date of such order

Where the appeal relates to any tax deducted under section 195(1), the date of payment of the tax

Where the appeal relates to any assessment or penalty, the date of service of the relevant notice of demand

In any other case, the date of service of the intimation of the order appealed against

Section and clause of the Income-tax Act, 1961, under which the appeal is preferred

Where a return has been filed by the appellant for the assessment year in connection with which the appeal is preferred, whether tax due on the income returned has been paid in full (if the answer is in the affirmative, give details of date of payment and amount paid)

Where no return has been filed by the appellant for the assessment year in connection with which the appeal is preferred, whether an amount equal to the amount of advance tax payable by him during the financial year immediately preceding such assessment year has been paid (If the answer is in the affirmative, give details of date of payment and amount paid)

‡Relief claimed in appeal

Where an appeal in relation to any other assessment year is pending in the case of the appellant with any Commissioner (Appeals), give the details as to the-

- (a) Commissioner (Appeals), with whom the appeal is pending;
- (b) assessment year in connection with which the appeal has been preferred;
- (c) Assessing Officer passing the order appealed against;
- (d) section and sub-section of the Act, under which the Assessing Officer passed the order appealed against and the date of such order

Address to which notices may be sent to the appellant

Signed
(Appellant)

‡ STATEMENT OF FACTS

‡ GROUNDS OF APPEAL

Signed
(Appellant)

Form of Verification

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

Place : _____

Date : _____

Signature

Status of appellant