

**FORM NO. 35**

(See rule 45)

**Appeal to the <sup>1</sup>[Joint Commissioner (Appeals) or the] Commissioner of Income-tax (Appeals)**

Personal-information	First Name		Middle Name	Last Name or Name of Entity	Permanent Account Number or Aadhaar Number	
					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			Assessment Year	
					Financial Year	
	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 appellant with any <sup>1</sup> [Joint Commissioner (Appeals) or] Commissioner (Appeals)				Yes/No
	4.1	If reply to 4 is Yes, then give following details:-				
	a	<sup>1</sup> [Joint Commissioner (Appeals) or] 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.)				
Detailsof Taxes paid	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	Sl. 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	
<b>Statement of facts, Grounds of Appeal and additional evidence</b>	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	<b>Grounds of Appeal</b> (each ground not exceeding 100 words)				
		1.				
		2.				
		3.				
	Appeal filing details	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
17		Address to which notices may be sent to the 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. It is also certified that no additional evidence other than the evidence stated in row

12.1 above has been filed.

Place .....

Signature .....

Date .....