

**¹[FORM NO. 34BC
(See rule 44DAB)
(e-Form)**

Application to the Dispute Resolution Committee

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	
Order against which application is filed	1	Assessment year in connection with which the application is preferred/ Enter financial year in case Application is filed against an order where assessment year is not relevant			Assessment Year
					Financial Year
	2	Details of specified order against which application is filed			
		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 specified order			
Application Details	4	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 application (in Rs.)		
		e	Amount of Disputed Demand (in Rs.) – Enter Nil in case of Loss		
Pending Application	5	Whether an application in relation to any other assessment year/ financial year is pending in the case of the assessee with any Dispute Resolution Committee			Yes/ No
	5.1	If reply to 5 is Yes, then give following details.-			
		a	Dispute Resolution Committee, with whom the application is pending		
		b	Application No. and date of filing of application		
		c	Assessment year/ financial year in connection with which the application has been preferred		
		d	Income-tax Authority passing the specified order		
		e	Section and sub-section of the Act, under which the specified order has been passed		
	f	Date of such Order			
Details of Taxes paid	6	Where a return has been filed by the assessee for the assessment year in connection with which the application is filed, whether tax due on income returned has been paid in full			Yes/No/ Not Applicable
	6.1	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		
Statement of facts, Grounds of application and additional evidence	7	Statement of Facts			
		Facts of the case in brief (not exceeding 1000 words)			
		List of documentary evidence relied upon			
	8	Whether any documentary evidence other than the evidence produced during the course of proceedings before the Income-tax Authority has been filed			Yes / No
	8.1	If reply to 8 is Yes, furnish the list of such documentary evidence			
	9	Grounds of Application (each ground not exceeding 100 words)			
		1. 2. 3.			
Application filing details	10	Details of application Fees Paid			
		BSR Code	Date of payment	Sl. No.	Amount
Tax paid on returned income	11	Details of tax paid on returned income			
		Assessment Year	Tax due as per return	Tax paid on RoI	Date of filing of
	12	Registered email ID/ address to which notices may be sent to the assessee			

Form of verification

I, _____ PAN-_____, 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 8.1 above has been filed.

Place.....

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Signature

Date.....]