

FORM – A

APPLICATION FOR LEGAL AID

1	NAME OF TAX LITIGANT				
2	PAN (IF ANY)				
3	ADDRESS				
4	EMAIL ID				
5	PHONE NUMBERS	LAND LINE:		MOBILE:	
6	ORDER APPEALED AGAINST (U/S, DTD, AY)	ORDER U/S: DATED:		AY:	
7	REASONS OF OPTING FOR LEGAL AID.				
8	WHETHER APPLICANT HAS FILED APPEAL?				
9	IF YES, DETAILS OF APPEAL FILED.				
10	DETAILS OF INCOME FOR THE LAST 3 AYs:-		AY	GROSS INCOME	TAX PAID (IF ANY)
		(i)			
		(ii)			
		(iii)			
11	DETAILS OF ANY OTHER PROCEEDING UNDER INCOME TAX ACT / ANY OTHER TAX LAW.				
12	DECLARATION	I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.			

PLACE:

SIGNATURE & DATE

FOR OFFICE USE: REF. NO. _____ DATE: _____

RECOMMENDATION OF LEGAL AID COMMITTEE: RECOMMENDED / NOT RECOMMENDED.

REMARKS:-

AUTHORIZED SIGNATORY