

FORM FOR APPLICATION TO AVAIL IT FREE LEGAL SERVICES
(Refer GITFLSC Rules)

Personal information	First name	Middle name	Last name or name of entity	PAN: TAN (if applicable)
	Flat/door/block no.		Name of premises/building/village	Road/Street/post office
	Area/Locality		Town/city/district	State (select)
	Pin Code		Phone No. with STD code/Mobile No. E-mail Id:	
	Category to which belongs: (a) Gen/SC/ST/Sr. Citizen/Woman/PFI Annual Income:			
Eligibility	Whether eligible for GITFLSC			Yes/No
Statement of the Grievance / Facts	1	Section and sub-section of the Income-tax Act, 1961 under which the action is required		
	Brief of Issue:			
	2	A	Amount Involved (in Rs.)	
		B	Total Refund/Demand (in Rs.)	
	3	If matter is relates to penalty:		

		A	Amount of penalty (in Rs.)		
		B	Section under which penalty was imposed		
Details of taxes paid	4	Status of return filed/Not filed by the applicant for the concerned assessment year in connection with which the application is filed, whether tax due on income has been paid in full (if any due).		Yes/No/Not Applicable	
	4.1	If reply to 4 is Yes, then enter details of return and taxes paid			
		A	Acknowledgement number		
		B	Date of filing		
		C	Total tax paid		
		5	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 (where applicable)		Yes/No/Not Applicable
		5.1	If reply to 5 is Yes, then enter details Tax Payments		
		BSR code	Date of payment	SI. No.	Amount
		Total			
If Appeal related	6	Whether there is delay in filing appeal		Yes/ No	
	7	If reply to 6 is Yes, enter the grounds for condonation of delay (not exceeding 100 words):			
Other Information	8	Any proceeding pending before Income Tax authority:			

Form of verification

I _____, the applicant, 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 above has been filed.

Place:

Date:

Signature of Applicant

For Office Use Only

Recommendation of the Cell:

Suitable/Unsuitable to refer to GITFLSC

Signature of Nodal Officer, GITFLS

Name of Panelist (CA/Adv/ITP) to whom referred
(Refer Eligibility conditions):

Signature of Member Secretary, GITFLS

Follow up Action Details:

Signature of Member, GITFLS

Intimation / Status Receipt

S.No.

Case referred to:

Contact Number: