

Form DVAT 38

[See Rule 52]

Objection Form under Delhi Value Added Tax Act, 2004

NOTE :- All fields of this form should be filled properly and in case a field is not applicable please indicate - 'NA'- against that field

To

The _____

1. Registration Number / TIN
2. Full Name of the Dealer
3. Address
4. Contact Telephone Number(s)

5. Nature of objection

Please attach copy of Assessment, order or decision objected against

6. Tax period to which the objection pertains _____ / _____ / _____ to
_____ / _____ / _____
DD / MM / YYYY
7. Number & Date of issue of Assessment order in DVAT 24/24A or any other order or decision objected against _____ / _____ / _____
DD / MM / YYYY
8. Date of service of Assessment, order or decision objected against _____ / _____ / _____
DD / MM / YYYY
9. Is the objection filed within time prescribed (Please tick) Yes
 No
10. If no in (9) above, attach Form DVAT 39.

11. Is the objection against an assessment? Yes No

12. If yes, then specify the amount of additional demand

13. Specify the amount of undisputed demand (Please attach proof of payment of said amount)

14. Specify the amount of said demand objected against

		Taxable turnover (Rs.)	Tax (Rs.) (i)	Interest (Rs.) (ii)	Penalty (Rs.) (iii)	Total (Rs.) (i + ii + iii)
As assessed	A					
As admitted by appellant	B					
Amount in dispute	A-B					

15. Whether the objection is under the provisions of section 74(2). (please one)

If yes, please give the following details:- Yes No

(i) Name of the authority against whose failure to decide or to issue any assessment or order the objection is being filed.

(ii) Date of filing the application or written request, if any, to the above named authority (Attach a copy thereof duly supported by proof of filing)

(iii) Specific date by which the matter was supposed to be disposed off in view of the limitations provided under the Act and rules made thereunder.

(iv) Other details, if any.

16. Do you want a hearing? Yes No

17. Please state fully and in detail the grounds on which you are objecting. This must be done even if you have requested for a hearing.

Attach additional sheet(s) in case you are not able to provide all details in this space

Attach all documents/ evidence that you want to be considered regarding your objection

18. Please annex the list of enclosures

19. Verification

I/We _____ hereby solemnly affirm and declare that the information given in this form and its attachments (if any) is true and correct to the best of my/our knowledge and belief and nothing has been concealed therefrom.

Authorised Signatory

Name

Designation/Status

Place

Date