

**GOVERNMENT OF JHARKHAND  
COMMERCIAL TAXES DEPARTMENT**

[See Rule 16(1)]

**Application for Grant of Instalment for Payment of Tax**

**Instructions:**

1. Please ensure that the form is complete
2. Affix court fee stamp as prescribed.
3. Enclose copy of the order and notice of demand
4. This Form should be verified and signed by:
  - a. Proprietor, in case of Proprietorship concern
  - b. Managing Partner, in case of Partnership firm and where there is no Managing Partner, by all the partners if there is no registered partnership deed and in case of a registered partnership deed by any one of them.
  - c. Managing Director or authorized signatory, in case of a Company
  - d. Karta, in case of Hindu Undivided Family
  - e. Authorised Signatory, in all other cases
  - f. Or by the declared Business Manager

1. Name of the Dealer \_\_\_\_\_
2. Registration No. (TIN) \_\_\_\_\_
3. Address \_\_\_\_\_  
 Building Name/Number \_\_\_\_\_  
 Area/Road \_\_\_\_\_  
 Locality/Market \_\_\_\_\_  
 Pin Code \_\_\_\_\_  
 Telephone Number(s) \_\_\_\_\_  
 Fax Number(s) \_\_\_\_\_
4. Date of service of order \_\_\_\_\_  
 \_\_\_\_\_  
 DD / MM / YYYY
5. Section, under which order passed \_\_\_\_\_
6. Tax period to which the order relates \_\_\_\_\_
7. Demand created in the order \_\_\_\_\_
8. Demand deposited, if any  
(Enclose proof of payment) \_\_\_\_\_
9. Bifurcation of Tax \_\_\_\_\_  
 demand due Interest \_\_\_\_\_  
 Penalty \_\_\_\_\_  
 Other sums \_\_\_\_\_  
 TOTAL \_\_\_\_\_
10. Time period and intervals sought for payment of demand due  
 \_\_\_\_\_
11. Grounds for allowing to pay demand in instalments  
 Enclose additional sheet(s) in case you are not able to provide all details in this space  
 Enclose all documents/ evidence that you want considered regarding your application

**Verification**

I verify that the information given above and its enclosures (if any) is true and correct to the best of my knowledge and belief and nothing has been concealed

Signature

Name

Designation

Date

Place