

**Appeals before Commissioner (Sindh Sales Tax Act, 2011):**

**FORM: SST-5A**  
**Section 57, Rule 57**

**Commissioner (Appeals):**

Amount of tax payable on the basis of Return(s) filed for the impugned tax period.

Whether Paid

Yes

No

Evidence of Payment

Amount

Date of Payment

**Name of Applicant:**

**Status:**     Individual     Association of Persons     Company

**Address:**

**NTN:**  -

**STN:**

**Name of Representative: (Annex - authority/Power of Attorney)**

**Address at which notice is to be sent:**

**Tax period (s) please specify:**

**Date dispute arose (Annex Copy of Order of the office concerned):**

**Nature of dispute:** \_\_\_\_\_

**Tax assessed:** \_\_\_\_\_

**Whether appealed in time:** \_\_\_\_\_  
\_\_\_\_\_

**Grounds of Appeal in brief:** \_\_\_\_\_  
\_\_\_\_\_

**Brief claim in Appeal/Prayer:** \_\_\_\_\_  
\_\_\_\_\_

## VERIFICATION

1. I \_\_\_\_\_ S/o \_\_\_\_\_ the proprietor /partner/managing Director of M/s \_\_\_\_\_ the appellant, do hereby declare that whatever is stated above is true to the best of my knowledge and belief.

2. I am competent to file the appeal in my capacity as \_\_\_\_\_

3. I further certify that a true copy of this form of appeal has been sent by Registered Post/AD/Courier services or delivered to the concerned officer personally to the Commissioner/Circle/Unit \_\_\_\_\_ Zone/Jurisdiction \_\_\_\_\_ on \_\_\_\_\_ (Date).

Signature of the Appellant \_\_\_\_\_

Name (In Capital letters) \_\_\_\_\_

NIC Number of person signing the appeal \_\_\_\_\_

The form of appeal and verification form appended thereto shall be signed:

- a).In case of an individual by the individual himself
- b).In case of a company by the principal officer.
- c).In case of AOP by member/partner.

### INDEX OF ATTACHMENTS

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(Subject Example: 1. Commissioner Appeal Order 2 Assessment Order. 3. Appeal Fee (challan), 4. Vakalatnama/Power of attorney 5. Other documents)

\_\_\_\_\_  
**Signed (Appellant)**

**APPEALS BEFORE COMMISSIONER (SINDH SALES TAX ACT, 2011)**  
**APPEAL ACKNOWLEDGEMENT RECEIPT**

**NTN:**

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**STN:**

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**Appellant's Name:**

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**Appeal No:**

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**Date of  
receipt of appeal:**

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**Signature of Appellant:**

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**Signature of  
receiving officer:**

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