

P.G.T. 12

NOTICE OF RE-ASSESSMENT

(See Rule 29 of the Himachal Pradesh Passengers and Goods Taxation Rules, 1957)

OFFICE OF THE ASSESSING AUTHORITY

..... District.

No. ....

Date .....

To

.....

.....

WHEREAS, in consequence of definite information in my possession I have reasons to believe that the amount of <sup>1</sup>[tax and surcharge] assessed under the Himachal Pradesh Passengers and Goods Taxation Act, 1955, for the year/period ending the ..... 19..... has been under assessed/ escaped assessment.

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<sup>1</sup> Subs. for the word "tax" vide Not. No. EXN-F(18)1/96 dated 14.3.1997 published in R.H.P. Extra., dated 15.3.1997, P. 902-915 w.e.f. 1.4.1997.

I, therefore, propose to re-assess the said <sup>1</sup>[tax and surcharge] that has been under assessed/escaped assessment.

I, hereby require you to show cause by the (date) ..... why the contemplated action should not be taken in your case and produce or cause to be produced on the said date, at (time) ..... at ..... (place), the relevant accounts and documents for my inspection.

(Seal of the Assessing Authority).

Date ..... 19 .....

Signature, Assessing Authority,  
..... district.

<sup>2</sup>[P.G.T.-12-A

**REGISTER OF APPLICATION FOR REFUND**

(See rule 13 of the Himachal Pradesh Passengers and Goods Taxation Rules, 1957)

Year ..... District

1	Serial No.
2	Name and address of the applicant.
3	Registration number of the applicant.
4	Date of application for refund.
5	Date of order of assessment or where an appeal was preferred, the date of passing of order by the appellate authority.
6	Period of assessment for which refund is claimed.
7	Amount of refund applied for.
8	Amount, if any, ordered to be refunded.

<sup>1</sup> Subs. for the word "tax" vide Not. No. EXN-F(18)1/96 dated 14.3.1997 published in R.H.P. Extra., dated 15.3.1997, P. 902-915 w.e.f. 1.4.1997.

<sup>2</sup> Form P.G.T.-12-A and P.G.T.-12-B ins. vide Not. No. EXN-(F)-18-2/90 dated 19.9.1990 published in R.H.P. Extra., dated 19-9-1990, p. 1966-1989 w.e.f. 1.10.90.

9 Name and designation of the officer allowing the refund.

10 Method of refund.

11 Number and date of issue of refund voucher or Refund Adjustment Order.

12 Signature of the Officer issuing order.

13 Date of encashment.

14 Remarks.

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P.G.T.-12-B

REFUND PAYMENT ORDER

(See rule 13 of the Himachal Pradesh Passengers and Goods Taxation Rules, 1957)

Book No. .... Voucher No. .... Book No. .... Voucher No. ....

Government of Himachal Pradesh.

Refund Order

Order for refund of tax

Refund payable to .....

Assessment order No. .... for the year .....

Date of order directing refund .....

Amount of refund .....

Number in Demand and Collection Register showing collections of amount regarding which refund is made .....

Date of deposit of amount .....

Name of Treasury/Sub-Treasury in which deposited .....

Refund Order

Order for refund of tax

Payable at the State Bank of India/State Bank of Patiala within three months of date of issue

To

The Officer Incharge, State Bank of India/State Bank of Patiala.

1. Certified that with reference to the assessment order No. .... of ..... for the year ..... a refund of Rs. .... (Rupees.....) is due to .....

2. Certified that the tax concerning which this refund is ordered has been

Total amount deposited out of which refund is ordered.

Signature of Assistant Excise and Taxation Commissioner, Incharge of the District .....

Signature of recipient of the Voucher .....

Date of encashment in the State Bank of India/State Bank of Patiala .....

Note.- A note to this effect has been kept in the Demand and Collection Register to avoid double payment.

(Signature with seal),  
Assistant Excise and Taxation Commissioner,  
Incharge of the District

Date .....

credited in the treasury on .....  
..... under the head .....

3. Certified that no refund order regarding the sum now in question has previously been issued and this order of refund has been entered in the original file of assessment under my signature.

4. Please pay to ..... the sum of Rs. (Rupees .....)  
on account of the above refund.

Place .....

Date .....

(Signature with seal),  
Assistant Excise and Taxation Commissioner,  
Incharge of the District

Received payment .....  
Rs. .... only.

Claimant's signature .....  
Officer Incharge Bank,  
Date .....]

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