

**To be filled in six  
Triplicates**



**FORM TAT1**

**THE REPUBLIC OF UGANDA**

IN THE TAX APPEALS TRIBUNAL AT ..... REGISTRY  
APPLICATION NO ..... YEAR .....

IN THE MATTER OF

..... APPLICANT

AND

..... RESPONDENT

**APPLICATION**

*(Under Section 17 of the Act and rule 10)*

**1.**

- (a) Name.....
- (b) Nature of business.....
- (c) Postal address.....
- (d) Physical address: Plot No. .... Street. ....  
.....  
Village.....Trading Centre/Town/City.....
- (e) Telephone.....Fax No.....Email.....
- (f) TIN.....
- (g) Income Tax File No. ....
- (h) VAT Number (if registered) .....

**2. PARTICULARS OF THE TAX DISPUTES**

( a ) Office where the tax decision is made. ....

( b ) Type of tax ( specify by a tick in the box below as appropriate )

INCOME TAX	<input type="checkbox"/>	IMPORT DUTY	<input type="checkbox"/>
EXCISE DUTY	<input type="checkbox"/>	WITHHOLDING TAX	<input type="checkbox"/>
IMPORT COMMISION	<input type="checkbox"/>	VAT	<input type="checkbox"/>
OTHERS ( specify)	<input type="checkbox"/>		

( c ) Assessment No. ....

( d ) Customs bill of Entry No. ....

( e ) Bank payment Advice Form No. ....

( f ) Amount of tax in dispute or objected to.....

( g ) Date of service of taxation decision: Date.....Month.....

**3. STATEMENT OF FACTS AND REASONS IN SUPPORT OF THE APPLICATION**

( if space provided is not adequate, attach as many additional pages as needed for the statement )

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....  
.....

**4. ISSUE(S) ON WHICH A DECISION(S) IS / ARE SOUGHT**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**5. LIST OF BOOKS, DOCUMENTS OR THINGS TO BE PRODUCED BEFORE THE TRIBUNAL, IF ANY.**  
(Give brief description of each)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

.....  
.....  
.....  
.....  
.....

**6. NAMES OF THE WITNESSES IF ANY, AND THEIR ADDRESS**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**7. ADDRESS OF THE REPRESENTATIVE**

Name.....  
Telephone (Office).....(Mobile).....  
Physical address .....

Dated this.....day of .....year.....

.....  
Signature of Applicant/ Advocate for the  
Applicant / Agent of Applicant

**(FOR OFFICIAL USE)**

**8.** By Registrar / officer - in – charge

Date of filling of application.....

Signature.....

Official stamp of registrar / officer in charge.....

**9.** By commissioner general

Service of copy of application on Commissioner General

Date.....

Signature .....

*Official stamp of or on behalf  
of the Commissioner General*