

<b>Form OTS-1</b> <i>(see clause 3, 5 and 6)</i>		
<b>APPLICATION FORM FOR OPTING THE HARYANA ONE TIME SETTLEMENT SCHEME  FOR RECOVERY OF OUTSTANDING DUES, 2023</b>		
<<System Generated Unique Number and Date>>		
S.No.	Particulars	
1	(a) Name of the Applicant (Please see the definition of applicant)	<< mandatory>>
	(b) Registration No. under the relevant Act (if registered) (Please mention 'unregistered' if not registered)	<< mandatory>>
	(c) PAN	<< Upload Option>>+ comment box <<mandatory field>>
	(d) Mobile	<< mandatory>>
	(e) E-mail id	<< mandatory>>
	(f) SCO/Booth/Shop/Building/Flat/Floor No.	<< mandatory>>
	(g) Sector/Area	<< mandatory>>
	(h) City/Town/Village	<< mandatory>>
	(i) District	<< Drop Down >><< mandatory>>
	(j) Pin Code	<< mandatory>>
	(k) State	Haryana
	(l) Jurisdictional District	<< Drop Down >>
	(m) Jurisdictional Ward	<< Drop Down >>
2	(a) Name of the Authorized signatory **	<< mandatory>>
	(b) Email id of the authorized signatory	<< mandatory>>
	(c) Mobile no. of the authorized signatory	<< mandatory>>
	(d) Any ID Proof of the authorized signatory (PAN/Aadhar Card/ Driving License/ Voter ID Card/Passport/PPP or any other Government issued ID card)	<< upload option>> + comment box << mandatory>>
3	Name of the relevant Act and period for which this application is submitted.	Relevant Act<< Drop Down >> Assessment Year << Drop Down>> (only one option can be chosen)
4	Whether any cases are pending before any appellate authority under the relevant Act, High Court, or Supreme Court.	Yes <input type="checkbox"/> If Yes is selected then following comment boxes should open: 1. Case Number <input style="width: 60px; height: 20px;" type="text"/> 2. Pending before Authority <input style="width: 60px; height: 20px;" type="text"/> 3. Date of filling Appeal/ case <input style="width: 60px; height: 20px;" type="text"/> No <input type="checkbox"/> <<mandatory field>>

5	Whether criminal proceedings have been initiated against the applicant for any reason(s) under the relevant Act;	Yes <input type="checkbox"/> No <input type="checkbox"/> << if yes selected, OTS 1 cannot be generated>>
6	Whether the demand relates to erroneous refund(s) under the Relevant Act	Yes <input type="checkbox"/> No <input type="checkbox"/> << if yes selected, OTS 1 cannot be generated>>
7	Details of settlement of outstanding dues as per Schedule-I	

Sr. No.	Name of the relevant Act <<auto populated>>	Assessment year <<auto populated>>	Order No. vide which outstanding dues were quantified<< mandatory>>	Date of order<< mandatory>>	Total amount involved in order stated in column no (4) << mandatory>>	Choose 1. Admitted Tax 2. Disputed tax 3. Undisputed tax 4. Differential Tax << Drop down>> (multiple options) << mandatory>>	Amount of tax involved or any other amount payable in column no (7) << mandatory>>	Settlement amount in lieu of (8) as per column (3) of schedule I (Auto-populated)	Total amount of interest involved << mandatory>>	Settlement amount in lieu of (10) as per column (4) of schedule I (Auto-populated)	Total amount of penalty involved << mandatory>>	Settlement amount in lieu of (12) as per column (5) schedule I (Auto-populated)	Net Amount Payable (9+11+13) << mandatory>>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
<b>Total</b>													

8	Total settlement amount as per 7(14)	Auto populated figure of total of 7(14)							
9	Category of Settlement of dues as per 7(9)	<10 lacs, 10-25 lacs, >25 lacs <<auto populated>>							
10	Whether Installment Facility opted	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> (if dues in S.No. 9 is <10 lacs)							
11	Installment Schedule								
	S.No.	Total settlement amount	Amount of 1 <sup>st</sup> installment	Date of 1 <sup>st</sup> installment	Amount of 2 <sup>nd</sup> Installment	Date of 2 <sup>nd</sup> installment	Amount of 3 <sup>rd</sup> installment	Date of 3 <sup>rd</sup> installment	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
	1								
12	Details of Payments made.		Date of the GRN		Serial number of CIN		Date of CIN	Amount (in Rs.)	
	Sr. No	Serial number of the GRN	(3)	(4)	(5)	(6)			
	(1)	(2)							
	1								
	2								
	<input type="checkbox"/> I agree that GRN details furnished above have been checked and not previously used anywhere.						Total		

13	Documents to be uploaded	<ol style="list-style-type: none"> <li>1. Permanent Account Number</li> <li>2. Assessment order vide which dues were quantified</li> <li>3. Proof of pending appeals, if any</li> <li>4. Proof of payment</li> <li>5. Any other document</li> </ol>
14	<p><b>Declaration:</b></p> <p>I herein above declare that the information and declarations stated herein above are true and correct to my knowledge and belief and that nothing has been concealed therein. The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023 has been opted after fully understanding its terms and conditions thereof.</p> <p>I also affirm that I will discharge the settlement amount as applicable to me. I further affirm that in case of failure to pay any pending amount, any payment made under the Scheme shall be adjusted against my liabilities under the Relevant Act and shall not be refunded in any case.</p> <p style="text-align: right;">(Name of the applicant) &lt;&lt;auto generated&gt;&gt;(editable)</p> <p>Place: _____ Date: &lt;&lt;auto generated&gt;&gt;</p> <p>Note: -All the amount to be paid in Rs.</p>	

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Constitution of Business	Person who can be authorized to file the application of OTS
Proprietorship	Proprietor
Partnership	Managing/Authorized Partners
Hindu Undivided Family	Karta
Private Limited Company	Managing/Whole-time Directors
Public Limited Company	Managing/Whole-time Directors
Society/Club/Trust/AOP	Members of Managing Committee
Government Department	Person In charge
Public Sector Undertaking	Managing/Whole-time Directors
Unlimited Company	Managing/Whole-time Directors
Limited Liability Partnership	Designated Partners
Local Authority	Chief Executive Officer or Equivalent
Statutory Body	Chief Executive Officer or Equivalent
Foreign Company	Authorized Person in India
Foreign Limited Liability Partnership	Authorized Person in India
Others (specify)	Person in charge

<b>Form OTS-1A</b> (see schedule II)								
<b>INTIMATION FOR SECOND INSTALLMENT UNDER THE HARYANA ONE TIME SETTLEMENT SCHEME FOR RECOVERY OF OUTSTANDING DUES, 2023</b> <<System Generated Unique Number and Date>>								
S.No.	Particulars							
1	(a)	Name of the Applicant					<< auto populated>>	
	(b)	Registration No. under the relevant Act (if registered) (Please mention 'unregistered' if not registered)					<< auto populated>>	
	(c)	System Generated Unique Number & Date of <b>FORM OTS -1</b>					Input Box<< auto populated>>	
	(d)	System Generated Unique Number & Date of <b>FORM OTS -4A</b>					<< auto populated>>	
	(e)	Jurisdictional District					<< auto populated>>	
	(f)	Jurisdictional Ward					<< auto populated>>	
2	(a)	Name of the Authorized signatory					<< auto populated>>	
	(b)	Email id of the authorized signatory					<< auto populated>>	
	(c)	Mobile no. of the authorized signatory					<< auto populated>>	
3	Name of the relevant Act and period for which this application is submitted.					Relevant Act<<auto populated>> Assessment Year <<auto populated>>		
4	Total settlement amount as per S.No. 8 of <b>FORM OTS-1</b>					<<Auto populated>>		
5	Total settlement amount as per <b>FORM OTS-4A</b>							
6	Installment Schedule << auto populated from <b>FORM OTS 4A</b> >>							
	S.No.	Total settlement amount	Amount of 1 <sup>st</sup> installment	Date of 1 <sup>st</sup> installment	Amount of 2 <sup>nd</sup> Installment	Date of 2 <sup>nd</sup> installment	Amount of 3 <sup>rd</sup> installment	Date of 3 <sup>rd</sup> installment
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1								
7	Installment amount to be paid as per 6(5) above							
8	Interest paid on delayed payment of installment @ 18% p.a, if any							
9	Details of Payments made.							
	Sr. No	Serial number of the GRN	Date of the GRN	Serial number of CIN	Date of CIN	Amount (in Rs.)		
	(1)	(2)	(3)	(4)	(5)	(6)		
	1							
	2							
	<input type="checkbox"/> I agree that GRN details furnished above have been checked and not previously used anywhere.					Total		

10	Documents to be uploaded	1. Proof of payment 2. Any other document
11	<p><b>Declaration:</b></p> <p>I herein above declare that the information and declarations stated herein above are true and correct to my knowledge and belief and that nothing has been concealed therein. The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023 has been opted after fully understanding its terms and conditions thereof.</p> <p>I also affirm that I will discharge the settlement amount as applicable to me. I further affirm that in case of failure to pay any pending amount, any payment made under the Scheme shall be adjusted against my liabilities under the Relevant Act and shall not be refunded in any case.</p> <p style="text-align: right;">(Name of the applicant) &lt;&lt;auto generated&gt;&gt;(editable)</p> <p>Place: _____ Date: &lt;&lt;auto generated&gt;&gt;</p> <p>Note: -All the amount to be paid in Rs.</p>	

<b>Form OTS-1B</b> (see schedule II)								
<b>INTIMATION FOR THIRD INSTALLMENT UNDER THE HARYANA ONE TIME SETTLEMENT SCHEME FOR RECOVERY OF OUTSTANDING DUES, 2023</b>								
<<System Generated Unique Number and Date>>								
S.No.		Particulars						
1	(a)	Name of the Applicant						<< auto populated>>
	(b)	Registration No. under the relevant Act (if registered) (Please mention 'unregistered' if not registered)						<< auto populated>>
	(c)	System Generated Unique Number & Date of <b>Form OTS -1</b>						Input Box<< auto populated>>
	(d)	System Generated Unique Number & Date of <b>Form OTS -1A</b>						Input Box<< auto populated>>
	(e)	System Generated Unique Number & Date of <b>Form OTS -4A</b>						Input Box<< auto populated>>
	(f)	Jurisdictional District						<< auto populated>>
	(g)	Jurisdictional Ward						<< auto populated>>
2	(a)	Name of the Authorized signatory						<< auto populated>>
	(b)	Email id of the authorized signatory						<< auto populated>>
	(c)	Mobile no. of the authorized signatory						<< auto populated>>
3	Name of the relevant Act and period for which this application is submitted.						Relevant Act<<auto populated>> Assessment Year <<auto populated>>	
4	Total settlement amount as per S.No. 8 of FORM OTS-1						<<Auto populated>>	
5	Total settlement amount as per FORM OTS 4-A							
6	Installment Schedule << auto populated from <b>FORM OTS 4A</b> >>							
	S.No.	Total settlement amount	Amount of 1 <sup>st</sup> installment	Date of 1 <sup>st</sup> installment	Amount of 2 <sup>nd</sup> Installment	Date of 2 <sup>nd</sup> installment	Amount of 3 <sup>rd</sup> installment	Date of 3 <sup>rd</sup> installment
	1	2	3	4	5	6	7	8
	1							
7	Installment amount to be paid as per 6(7) above.							
8	Details of Payments made.							
	Sr. No	Serial number of the GRN	Date of the GRN	CIN		Date of CIN	Amount (in Rs.)	
	(1)	(2)	(3)	(4)		(5)	(6)	
	1							
	2							
	<input type="checkbox"/> I agree that GRN details furnished above have been checked and not previously used anywhere.						Total	

9	Documents to be uploaded	1. Proof of payment 2. Any other document
10	<p><b>Declaration:</b></p> <p>I herein above declare that the information and declarations stated herein above are true and correct to my knowledge and belief and that nothing has been concealed therein. The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023 has been opted after fully understanding its terms and conditions thereof.</p> <p>I also affirm that I will discharge the settlement amount as applicable to me. I further affirm that in case of failure to pay any pending amount, any payment made under the Scheme shall be adjusted against my liabilities under the Relevant Act and shall not be refunded in any case.</p> <p style="text-align: right;">(Name of the applicant)</p> <p>Place: _____ &lt;&lt;auto generated&gt;&gt;(editable) &lt;&lt;auto</p> <p>Date: &lt;&lt;auto generated&gt;&gt;</p> <p>Note: -All the amount to be paid in Rs.</p>	

**FORM OTS-2***(see clause 5(3))***Acknowledgement of Application in Form OTS-1**

Your application in Form OTS-1, reference no. \_\_\_\_\_ dated \_\_\_\_\_ for settlement of outstanding dues, pertaining to \_\_\_\_\_ (Name of the Relevant Act), under the Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023 for the assessment year \_\_\_\_\_ is hereby acknowledged.

Excise and Taxation Department

Government of Haryana

\*\* This is a system generated acknowledgement and does not require any signature \*\*

**FORM OTS-3***(see clause 6)***Deficiency Notice**

To

**Name of the applicant**<< auto populated >>**Address of the applicant**<< auto populated >>**TIN/RC No. (if applicable)**<< auto populated >>**OTS 3 Reference No.**<< system generated>>**Dated**<<system generated>>**Subject: - Deficiency Notice.****Reference: - FORM OTS 1 Reference No.**<<auto populated>>**Dated**<<auto populated>>

Whereas you have made an application under The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023. Upon examination of your application, the following deficiencies have been observed in **Form OTS-1** bearing reference No. \_\_\_\_\_ dated \_\_\_\_\_:

- (i)
- (ii)
- (iii)

&lt;&lt; Upload option&gt;&gt;

Your reply to this notice must reach the undersigned in FORM OTS-3A alongwith proof of payment (if any) within fifteen days of receipt of this notice. In case of failure to comply with the terms of this notice, your application will be rejected without further notice and the payment made under the Scheme shall be adjusted against your liabilities under the Relevant Act and shall not be refunded in any case.

Excise and Taxation Officer

District \_\_\_\_\_

Ward \_\_\_\_\_



**FORM OTS 3A***(see clause 6)***Reply to Deficiency Notice**

To

**The Excise & Taxation Officer,****District**<<Drop Down>>**Ward**<< Drop Down>>**Name of the applicant**<< auto populated>>**Address of the applicant**<< auto populated>>**Details of FORM OTS 3 Notice No.**<< auto populated>>**Dated**<< auto populated>>**TIN/RC No. (if applicable)**<< auto populated>>**Subject: - Reply to Deficiency Notice in FORM OTS 3.****Reference: - FORM OTS 3 Reference No.**<< auto populated>>**Dated**<< auto populated>>

This is with reference to the deficiency notice issued in **FORM OTS 3** vide no.<< auto populated>> dated << auto populated>> from your office. The point wise reply to the deficiencies raised is as under:

- (a)
- (b)
- (c)

**Detail of Payment made**

Sr. No.	Serial number of the GRN	Date of the GRN	Serial number of CIN	Date of CIN	Amount (in Rs.)
(1)	(2)	(3)	(4)	(5)	(6)
1					
Total					
Documents to be uploaded				1. Proof of payment 2. Any other document	

Place: \_\_\_\_\_

Date: &lt;&lt;auto generated&gt;&gt;

(Name of the applicant)  
<<auto generated>>(editable)

Note: -All the amount to be paid in Rs.

**FORM OTS-4A***(see clause 6)***Order of Provisional Settlement**

To

**Name of the applicant**<<auto populated>>**Address of the applicant**<<auto populated>>**TIN/RC No. (if applicable)**<<auto populated>>**Order No.**<< system generated>><<Dated<< system generated>>**Subject: - Provisional Order of Settlement.****Reference: - FORM OTS 1 Reference No.**<<auto populated>> <<Dated<<auto populated>>

Whereas, you have opted for The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023. On examination, your application has been found to be in order. Accordingly, the order of provisional settlement is, hereby, passed as follows:

**Name of the Relevant Act** <<auto populated/editable>>**Assessment Year** << auto populated/ editable>>**Table-I**

**Details of settlement of outstanding dues as per Schedule-I**  
<<Auto populated and editable table of dues as per FORM OTS 1 S.No. 7>>

Sr. No.	Name of the relevant Act	Assessment year	Order No. vide which outstanding dues were quantified	Date of order	Total amount involved in order stated in column no. (4)	1. Admitted Tax 2. Disputed tax 3. Undisputed tax 4. Differential Tax	Amount of tax involved or any other amount payable in column no. (7)	Settlement amount in lieu of (8) as per column (3) of schedule I	Total amount of interest involved	Settlement amount in lieu of (10) as per column (4) of schedule I	Total amount of penalty involved	Settlement amount in lieu of (12) as per column (5) schedule I	Net Amount Payable (9+11+13)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(i)													
(ii)													
(iii)													
(iv)													
<b>Total</b>													

**Table-II****Installment Schedule** << auto populated but editable>>

S. No.	Total settlement amount	Amount of 1 <sup>st</sup> installment	Date of 1 <sup>st</sup> installment	Amount of 2 <sup>nd</sup> Installment	Date of 2 <sup>nd</sup> installment	Amount of 3 <sup>rd</sup> installment	Date of 3 <sup>rd</sup> installment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1							

**Table-III**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Amount (Rs.)</b>
(i)	Settlement amount payable as per Table-I	
(ii)	Less: Amount paid by the applicant	
(iii)	Balance (1-2)	

This is a provisional order and the final order of settlement in **FORM OTS 4** shall only be passed after full payment and submission of proof of withdrawal of pending appeals in **FORM OTS 6**, if applicable by the applicant.

Excise and Taxation Officer  
District \_\_\_\_\_  
Ward \_\_\_\_\_

**FORM OTS-4***(see clause 6 and 7)***Final Order of Settlement**

To

**Name of the applicant**<< auto populated>>**Address of the applicant**<< auto populated>>**TIN/RC No. (if applicable)**<< auto populated>>**Order No.**<< system generated>>**Dated**<< system generated>>**Subject: - Final Order of Settlement.****Reference: - FORM OTS 1 Reference No.**<< auto populated>>**Dated**<< auto populated>>

Whereas, you have opted for The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023. Your application has been examined in detail, accordingly the final order of settlement is hereby passed as under:

**Name of the Relevant Act** << auto populated/ editable>>**Assessment Year**<< auto populated/ editable>>**Table-I**

<b>Sr. No.</b>	<b>Particulars</b>	<b>Amount (Rs.)</b>
1.	Settlement Amount payable as per <b>FORM OTS-1/OTS-4A</b>	
2.	Less: -	
	a) Amount paid by the applicant in <b>FORM OTS 1</b> (1 <sup>st</sup> installment)	
	b) Amount paid by the applicant in intimation <b>FORM OTS 1A</b> (2 <sup>nd</sup> installment) *	
	c) Amount paid by the applicant in intimation <b>FORM OTS 1B</b> (3 <sup>rd</sup> installment)	
3.	Interest paid in lieu of delayed payment in second installment	
4.	Balance (1-2)	<<It should be zero>>

\* Interest if any, on delayed installment shall not be mentioned in this column.

The appeals pending if any, before any Appellate Authority under the relevant Act, High Court or Supreme Court have been withdrawn and proof of such withdrawal of appeal has been submitted in **FORM OTS-6**, bearing number <<auto populated>>dated<<auto populated>>.

On perusal of your application, payments made, and all other documents in consideration, I find that your following outstanding dues have been settled through The Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023.

**Table-II**

<b>Sr. No.</b>	<b>Relevant Act</b>	<b>Assessment Year</b>	<b>Settlement Amount</b>
(a)	(b)	(c)	(d)
1.			
2.			
Total			

Excise and Taxation Officer

District \_\_\_\_\_

Ward \_\_\_\_\_

**FORM OTS-5***(see clause 4)***Order of Rejection**

To

**Name of the applicant** << auto populated>>**Address of the applicant**<< auto populated>>**TIN/RC No. (if applicable)**<< auto populated>>**Order No.**<< system generated>>**Dated**<< system generated>>**Subject: - Order of Rejection.****Reference: - FORM OTS 1 reference No.** << auto populated>>**dated**<< auto populated>>**FORM OTS-3 No., if applicable**<< auto populated>>**dated**<< auto populated>>

Whereas, you have opted for the Haryana One Time Settlement Scheme for Recovery of Outstanding Dues, 2023 vide **FORM OTS -1** bearing reference no.<< auto populated>> dated<< auto populated>>. Your application was examined and was not found in order and the following reasons have been recorded to reject your application in **FORM OTS 1: -**

- (a)
- (b)
- (c)

&lt;&lt;upload option&gt;&gt;

Further, it is intimated that the amount paid under the scheme shall be adjusted against your liabilities under the Relevant Act.

Excise and Taxation Officer  
District \_\_\_\_\_  
Ward \_\_\_\_\_

**FORM OTS 6***(see clause 6)*

**Intimation regarding withdrawal of pending Appeal before any Appellate Authority under the relevant Act, High Court or Supreme Court**

&lt;&lt;system generated reference number&gt;&gt;

To

**The Excise & Taxation Officer,****District < Drop Down>****Ward < Drop Down>****Name of the applicant**<< auto populated>>**Address of the applicant**<< auto populated>>**Details of FORM OTS 1 Reference No.**<< auto populated>>**Dated**<< auto populated>>**TIN/RC No. (if applicable)**<< auto populated>>

**Subject: - Withdrawal of Appeal pending before any Appellate Authority under the relevant Act, High Court or Supreme Court.**

**Reference: - FORM OTS 1 Reference No. << auto populated>>Dated<< auto populated>>**

In compliance of my declaration in **FORM OTS-1** bearing reference number <<auto populated>>dated<<auto populated>> and your order in **FORM OTS 4A** bearing number<< auto populated>> dated <<auto populated>>, I (name of the applicant) <<auto populated>> have withdrawn the appeal pending before the \_\_\_\_\_ (mention the name of the Authority) against the assessment order for the assessment year <<auto populated>>under the <<auto populated>>Act. The proof of such withdrawal is annexed herewith.

&lt;&lt; upload option&gt;&gt;

I understand that final order of settlement in **FORM OTS 4** shall only be passed by the jurisdictional authority on acceptance of such proof of withdrawal.

(Name of the applicant)

Place: \_\_\_\_\_

&lt;&lt;auto generated&gt;&gt;(editable)

Date: &lt;&lt;auto generated&gt;&gt;

**DEVINDER SINGH KALYAN,**  
Principal Secretary to Government Haryana,  
Excise and Taxation Department.