

## FEDERAL TAX OMBUDSMAN SECRETARIAT

Monthly performance report for the month of \_\_\_\_\_ 20

**Name of Officer**

**Station**

- a). Brought forward from previous month
- b). Fresh cases received during the month
- c). Received by transfer during the month
- d). Transferred to other officers
- e). Total : (a+b+b-d)

Inv	Rev	Imp

- f). Relief
- g). Reject
- h). Discontinue
- i). Total:

**Disposal**

Inv	Rev	Imp

Pending at the end of  
month (e - i)

Inv	Rev	Imp

**Signature of the Officer** \_\_\_\_\_

**LIST OF CASES RECEIVED (FRESH)**

Sr. No.	Case No.	Name of the Complainant	Name of the Agency	Date of Receipt

**LIST OF CASES DISPOSED OF**

Sr. No.	Case No.	Name of the Complainant	Name of Agency	Disposal			Date of Signature
				Relief	Reject	Discontinue	

**LIST OF CASES RECEIVED (FRESH)**

Sr. No.	Case No.	Name of the Complainant	Name of the Agency	From whom received	Date of Receipt

**LIST OF CASES TRANSFERRED TO OTHER OFFICERS**

Sr. No.	Case No.	Name of the Complainant	Name of the Agency	From whom received	Date of Receipt