



Uganda Revenue Authority  
DEVELOPING UGANDA TOGETHER

## Application Form For Alternative Dispute Resolution

Please fill in **CAPITAL** letters where applicable and sign the declaration. If you have any query regarding any of the questions consult the nearest URA Domestic Tax Office.

## Form DT-ADR

For General Tax Questions

Contact Us on: Toll Free

**0800117000**

<https://ura.go.ug>

[services@ura.go.ug](mailto:services@ura.go.ug)

### Section A: Taxpayer Information

1) BRN/NIN	<input type="text"/>	2) TIN	<input type="text"/>
3) Name of Taxpayer:	<input type="text"/>		
4) Name of Agent (if the taxpayer is not the applicant):	<input type="text"/>		
5) E-mail address:	<input type="text"/>		
6) Physical address:	<input type="text"/>		7) Postal address:
8) Landline:	<input type="text"/>		9) Mobile:

### Section B: Nature of Dispute

1) Basis/Taxtype: Income Tax <input type="checkbox"/>	Excise Duty <input type="checkbox"/>	VAT <input type="checkbox"/>	Penalty <input type="checkbox"/>	Refund <input type="checkbox"/>	Others <input type="checkbox"/>
2) If Others, please specify:					
3) Reference Number:					
4) Period of assessment:	<input type="text"/>		5) Date of Objection Decision:	<input type="text"/>	
6) Amount of tax in dispute:	<input type="text"/>				
7) Method of ADR:	a) Conciliation <input type="checkbox"/> <i>(where an independent conciliator is appointed or agreed upon by the Commissioner and the tax payer, to facilitate communication between the Commissioner and the taxpayer to explore settlement but without offering an opinion on the merits of the arguments of either side)</i>		b) Negotiation <input type="checkbox"/> <i>(where the Commissioner and the taxpayer agree to hold discussions relating to the tax dispute through engagement in discussions and exchange of information in order to reach an amicable settlement)</i>		
8) Remarks: (narration of dispute)	<input type="text"/>				

**Section C: Grounds of Dispute**

1.	
2.	
3.	
4.	
5.	

**Section D: Declaration and Certification**

I declare that the information given on this application is true and correct and that failure to provide correct information may result in delayed processing or rejection of this application (If this form is signed by a person other than the applicant, formal powers of attorney will be required).		Received By:
	Office:	
Name:	Name:	
Authorised Signature:	Signature:	
Date (Day/Month/Year): □□/□□/□□□□	Date:	