Feedback Template on Compliance and Operations Issues

| No. | Details to provide | | |
|-----|--|--|--|
| 1. | Types of compliance issues e.g. Imposition of penalties | | |
| 2. | Types of operations issues e.g. Filing of Returns issues | | |
| 3. | Date of occurrence | | |
| 4. | Which LHDNM branch and state | | |
| 5. | Name of LHDNM working officer/manager/branch head (optional) | | |
| 6. | To attach a sanitized letter* from LHDNM (optional) and where applicable | | |
| | (* e.g. Omit the name, tax reference no. and address of the taxpayer) | | |

Feedback Template on Compliance and Operations Issues

| No. | Compliance Issues | Details |
|-----|-------------------|---------|
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Feedback Template on Compliance and Operations Issues

| No. | Operations Issues | Details |
|-----|-------------------|---------|
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