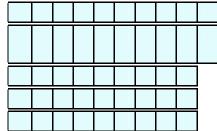
	Form for furnishing information with the state end	t of	RM coll	ecti	on (	of ta	at so yyy)	ce filed on computer media for the period
1.	<ul><li>(a) Tax Deduction Account Number</li><li>(b) Permanent Account Number or Aadhaar Number</li></ul>							

- (c) Financial year
- (d) Assessment year
- (e) Previous receipt number (In case return has been filed earlier)



## **2.** Particulars of the collector

(a) N	lame
-------	------

- (b) Branch/division (if any)
- (c) Address

Flat No.

Name of the premises/building

Road/street/lane

Area/location

Town/City/District

State

Pin code

Telephone No.

E-mail

									·

## **3.** Name of the person responsible for collection of tax

(a) Name

(b) Address

Flat No.

Name of the premises/building

Road/street/lane

Area/location

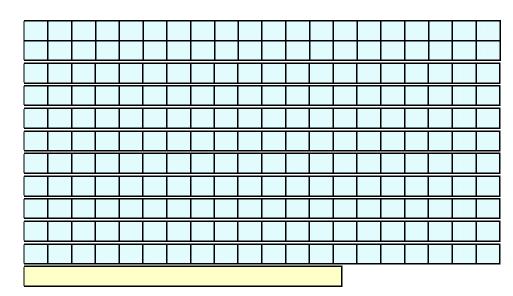
Town/City/District

State

Pin code

Telephone No.

E-mail



## **4.** Control totals

Sr. No.	No. of party records	Amount paid Rs.	Tax collected Rs.	Tax deposited (Total challan amount) Rs.
Total				

- 5. Total Number of Annexures enclosed
- **6.** Other Information

## Verification

I,, hereby certify that all the particu	lars furnished above are correct and complete.
Place:	Signature of person responsible for collecting tax at source
Date: *dd/mm/yyyy :-date/month/year	Name of designation of person responsible for collecting tax at source