

1st Counter Foil

(to be sent to the Zonal Accounts Officer)

0028

OTHER TAXES ON INCOME & EXPENDITURE

CHALLAN NO. ITNS 273

Permanent Account No.	Asstt. Year	Assessing Officer	Status
	-		

Last name / Surname – First Name – Middle name			

Flat/Door/Block No.	
Name of Premises/Building/Village	
Road/Street/Lane/Post Office	
Area/Locality/Taluka/Sub-Division	
Town/City/District	
State/Union Territory	
Pin	

Type of payment	Tax Collected at Source (200)	<input type="checkbox"/>
Cross as Applicable <input checked="" type="checkbox"/>	Tax on Regular Assessment (400)	<input type="checkbox"/>
	Other Receipts (500)	<input type="checkbox"/>

DETAILS OF PAYMENT				FOR USE IN RECEIVING BANK			
	Sec.	Code	Amount (in Rs. Only)				Sl. No. in Scroll
Expenditure Tax							
Interest	14	014					
Penalty	12B	12B					
Penalty	13	013					
Others							
Total							

Total (in words) :	
CRORES	LACS
THOUSANDS	HUNDREDS
TENS	UNIT

.I.T.Clerk	Assessing Officer
Date : _____	Date : _____
Paid in	
Cash/Cheque No. _____	Dated _____
Drawn on _____	
into RBI/SBI/Authorised Bank _____	
(Name of Bank & Branch)	

Date	Signature of person making Payment	Strike out whichever is not applicable.
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