

Single Copy (to be sent to the ZAO)

CHALLAN NO.
ITNS
280

Tax Applicable (Tick One)

(0020) INCOME TAX ON COMPANIES (CORPORATION TAX) (0021) INCOME TAX (OTHER THAN COMPANIES)

Assessment Year

 -

Permanent Account Number

Full Name

Complete Address with City & State

Tel. No. Pin **Type of payment (Tick One)**Advance Tax (100) Surtax (102) Self Assessment Tax (300) Tax on Distributed Profits of Domestic Companies (106) Tax on Regular Assessment (400) Tax on Distributed Income to Unit Holders (107) **DETAILS OF PAYMENTS** Amount (in Rs. Only)

Income Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surcharge	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Cess	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Penalty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total (in words)

CRORES	LACS	THOUSANDS	HUNDREDS	TENS	UNITS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Paid in cash/Debit to A/c/Cheque No Dated Drawn on
(Name of the Bank and Branch)

Date : _____ Signature of person making payment _____

FOR USE IN RECEIVING BANK

Debit to A/c / Cheque credited on

DD

MM

YY

SPACE FOR BANK SEAL

Rs.

Taxpayers Counterfoil

(To be filled up by tax payer)

P. A. N. Received from
(Name)Paid in cash/Debit to A/c/Cheque No For Rs. Rs. (in words) Drawn on
(Name of the Bank and Branch)On account of income tax on Tax
(Strike out whichever is not applicable)Type of Payment (To be filled up by person making the payment)For the Assessment Year - **SPACE FOR BANK SEAL**

Rs.