Form No. 27B

Form for furnishing information with the statement of collection of tax at source filed on computer media for the period ending _ / _ / _ (dd/mm/yy)*

- (a) Tax Deduction Account No. 1
 - (b) Permanent Account No.

Particulars of the collector 2

| (a) | a) Name | |
|-----|---------------------------------|--|
| (b) | b) Branch / division (if any) | |
| (C) | c) 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

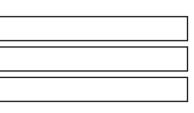
| Sr. No. | No. of | Amount | | Tax | Tax deposited |
|---------|---------|--------|-----|-----------|------------------------|
| | party | paid | Rs. | collected | (Total challan amount) |
| | records | | | Rs. | Rs. |
| Total | | | | | |

Total Number of Annexures enclosed 5

Other Information 6

| (c) | Financial | Year |
|-----|-----------|------|
|-----|-----------|------|

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



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 | |

VERIFICATION

__, hereby certify that all the particulars furnished above are correct and complete. Signature of person responsible for collecting tax at source _____

Place :

I. _

Date : Name and designation of person responsible for collecting tax at source _____

* dd/mm/yy :- date/month/year