## FORM NO. 27A

| F   | orm for furnishing information with tl<br>applicable) filed on compute |         |    |          |          |   |   |  |  |          |   | • |   | wh<br>y)# |          | eve | r is |
|-----|--|---------|----|----------|----------|---|---|--|--|----------|---|---|---|-----------|----------|-----|------|
| 1   | (a) Tax Deduction Account No.  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | (b) Permanent Account No.  |         |    |          |          | Ì |   |  |  |          |   |   |   |           |          |     |      |
|     | (c) Form No.   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | (d) Financial Year   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | (e) Assessment year  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | (f) Previous receipt number  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | (in case return/statement has be earlier)                              | een fil | ed |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| . P | articulars of deductor/collector                                       |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| (a) | Name   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| (b) | Type of deductor   |         |    | <u> </u> | <u> </u> |   |   |  |  | <u> </u> |   |   |   |           | <u> </u> |     |      |
| ` ' | Branch/division (if any)   |         |    |          |          |   | l |  |  |          |   |   |   |           |          |     |      |
|     | Address  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| ` ' | Flat No.   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| ı   | Name of the premises/building  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | Road/street/lane   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| ,   | Area/location  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
| •   | Town/City/District   |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | State  |         |    |          |          |   |   |  |  |          |   |   |   |           |          |     |      |
|     | Pin code   |         |    |          |          | 1 |   |  |  |          | _ |   | - |           |          |     |      |

| Telephone No.                                |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
|--|----------|-------|-------|----|-----|---|--|---|----------|---|--|--|------|--|
| E-mail                                       |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
|  |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| 3. Name of the person responsible for deduct | ion/co   | olled | ction | of | tax |   |  |   |          |   |  |  |      |  |
| (a) Name                                     |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
|  |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| (b) Address                                  |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Flat No.                                     |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Name of the premises/building                |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Road/street/lane                             |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Area/location                                |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Town/City/District                           |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| State  |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| Pin code                                     |          |       |       |    |     | 1 |  |   |          |   |  |  | <br> |  |
| Telephone No.                                |          |       |       |    |     |   |  |   |          |   |  |  |      |  |
| E-mail                                       |          | •     |       |    |     |   |  | • | <u> </u> | Ħ |  |  |      |  |
|  | <u> </u> |       |       |    |     |   |  |   |          |   |  |  |      |  |

## 4. Control totals

| Sr. No. | No. of deductee/ party records | Amount paid | Tax deducted/collection Rs. | Tax deposited (Total challan amount) |
|---------|--------------------------------|-------------|-----------------------------|--------------------------------------|
|         |                                | Rs.         | ,                           | Rs.                                  |
|         |                                |             |                             |                                      |
| Total   |                                |             |                             |                                      |

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

## Verification

| l,     | _, hereby certify that all the particulars furnished above are correct and complete. |
|--------|--|
| Place: | Signature of person responsible for deducting/collecting tax at source               |
| Date:  | Name of designation of person responsible for deducting/collecting tax at source     |