

* Important : Please see notes overleaf before filling up the challan

Single Copy (to be sent to the ZAO)

CHALLAN NO./ ITNS 280	Tax Applicable (Tick One)*	Assessment Year
	(0020) INCOME-TAX ON COMPANIES <input type="checkbox"/> (CORPORATION TAX) (0021) INCOME TAX (OTHER THAN COMPANIES) <input type="checkbox"/>	[] [] [] [] [] [] [] [] [] [] - [] [] [] []

Permanent Account Number
 []

Full Name
 []

Complete Address with City & State
 []

Tel. No. 9 1 []

Type of Payment (Tick One)			
Advance Tax (100) <input type="checkbox"/>	Surtax (102) <input type="checkbox"/>		
Self Assessment Tax (300) <input type="checkbox"/>	Tax on Distributed Profits of Domestic Companies (106) <input type="checkbox"/>		
Tax on Regular Assessment (400) <input type="checkbox"/>	Tax on Distributed Income to Unit Holders (107) <input type="checkbox"/>		

DETAILS OF PAYMENTS	Amount (in Rs. Only)
Income Tax	[] []
Surcharge	[] []
Education Cess	[] []
Interest	[] []
Penalty	[] []
Others	[] []
Total	[] []

FOR USE IN RECEIVING BANK

Debit to A/c / Cheque credited on

[] [] [] [] - [] [] [] [] - [] [] [] []
 D D M M Y Y

Total (in words)

CRORES	LACS	THOUSANDS	HUNDREDS	TENS	UNITS
[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []

Paid in Cash/Debit to A/c /Cheque No. [] Dated []

Drawn on []

(Name of the Bank and Branch)

Date: []

Signature of person making payment Rs.

Taxpayers Counterfoil (To be filled up by tax payer)	SPACE FOR BANK SEAL
PAN []	
Received from []	
(Name)	
Cash/ Debit to A/c /Cheque No. [] For Rs. []	
Rs. (in words) []	
Drawn on []	
(Name of the Bank and Branch)	
on account of [] Companies/Other than Companies/Tax Income Tax on [] (Strike out whichever is not applicable) Type of Payment [] (To be filled up by person making the payment) for the Assessment Year [] - []	
Rs.	