FORM NO. 27A

Form for furnishing information with the on computer m													eve	er is	applicable) fil	led
•				•												
1. (a) Tax Deduction Account No.								T								
(b) Permanent Account No.																
(c) Form No.																
(d) Financial Year																
(e) Assessment year					Ì		Ì	ī								
(f) Previous receipt number																
(in case return/statement has been fi	iled (earli	er)													
2. Particulars of deductor/collector																
(a) Name																
(b) Type of deductor*																
(c) Branch/division (if any)																
(d) Address																
Flat No.																
Name of the premises/building																
Road/street/lane																
Area/location																
Town/City/District																
State																
Pin code																
Telephone No.																
E-mail				-					-]				

Sr. No. No. of deductee/ party records Rs. Tax deducted/collection Rs. amount) Rs. Rs. Rs.	3. Name of	the person responsible for de	ductio	n/co	ollec	etion	ı of	tax																
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 deductee/ party records Rs. Amount paid Rs. Tax deducted/collection Rs. Tax deposited (Total challan amount) Rs.	(a) Name							-	4										-	1			4	
Name of the premises/building Road/street/lane Area/location Town/City/District State Pin code Telephone No. E-mail Sr. No. No. of deductee/ party records Rs. Tax deducted/collection Rs. Rs. Rs. Rs.	(b) Addre	SS																					寸	
Road/street/lane Area/location Town/City/District State Pin code Telephone No. E-mail Sr. No. No. of deductee/ party records Rs. Amount paid Rs. Rs. Rs. Rs.	Flat N	lo.																						
Area/location Town/City/District State Pin code Telephone No. E-mail 4. Control totals Sr. No. No. of deductee/ party records Rs. Rs. Rs. Rs.	Name	of the premises/building																						
Town/City/District State Pin code Telephone No. E-mail 4. Control totals Sr. No. No. of deductee/ party records Rs. amount) Rs. Rs. Rs.	Road/	street/lane																						
State Pin code Telephone No. E-mail 4. Control totals Sr. No. No. of deductee/ party records Rs. Amount paid Rs. amount) Rs. Rs. Rs.	Area/l	location																						
Pin code Telephone No. E-mail 4. Control totals Sr. No. No. of deductee/ party records Rs. Rs. Rs. Rs.	Town	/City/District																						
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E-mail 4. Control totals Sr. No. No. of deductee/ party records Rs. Rs. Rs. Rs. Rs.	Pin co	ode																						
4. Control totals Sr. No. No. of deductee/ party records Rs. Rs. Tax deducted/collection Rs. amount) Rs. Rs.	Telephone	e No.																						
Sr. No. No. of deductee/ party records Rs. Tax deducted/collection Rs. amount) Rs. Rs. Rs.	E-mail					•							•	•										
records Rs. amount) Rs. Rs.	4. Control t	otals																						
Total	Sr. No.	= -	_													amount)								
	Total																							

Verification

5. Total Number of Annexures enclosed

6. Other Information

I,,	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
*Mention type of deductor - Government of #dd/mm/yyyy :-date/month/year	e e