

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

Single Copy (to be sent to the ZAO)

|   |   |   |                                    |       |       |
|---|---|---|------------------------------------|-------|-------|
| <b>CHALLAN NO./ ITNS 280</b>                                | <b>Tax Applicable (Tick One)*</b><br>(0020) INCOME-TAX ON COMPANIES (CORPORATION TAX) <input type="checkbox"/><br>(0021) INCOME TAX (OTHER THAN COMPANIES) <input type="checkbox"/> | Assessment Year<br>_____ - _____  |                                    |       |       |
| Permanent Account Number<br>_____                           |   |   |                                    |       |       |
| Full Name<br>_____  |   |   |                                    |       |       |
| Complete Address with City & State<br>_____                 |   |   |                                    |       |       |
| Tel. No. _____  |   | Pin _____   |                                    |       |       |
| <b>Type of Payment (Tick One)</b>                           |   |   |                                    |       |       |
| 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"/>                                    |                                    |       |       |
| <b>DETAILS OF PAYMENTS</b>                                  | Amount (in Rs. Only)  | <b>FOR USE IN RECEIVING BANK</b>  |                                    |       |       |
| Income Tax  | _____   | Debit to A/c / Cheque credited on<br>_____ - _____ - _____<br>D D M M Y Y<br><br><b>SPACE FOR BANK SEAL</b> |                                    |       |       |
| Surcharge   | _____   |   |                                    |       |       |
| Education Cess  | _____   |   |                                    |       |       |
| Interest  | _____   |   |                                    |       |       |
| Penalty   | _____   |   |                                    |       |       |
| Others  | _____   |   |                                    |       |       |
| Total   | _____   |   |                                    |       |       |
| 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 |       |       |
| <b>Taxpayers Counterfoil (To be filled up by tax payer)</b> |   |   | <b>SPACE FOR BANK SEAL</b>         |       |       |
| 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.   |       |