	FORM NO. 27B				
Fo	orm for furnishing information with the stat end		ction of tax at sour (dd/mm/yyyy)*		e period
1. (a	n) Tax Deduction Account Number				
	Permanent Account NumberFinancial year				
(d	<i>•</i>				
(e)	e) Previous receipt number (In case return has been filed earlier)				
2. Part	rticulars of the collector				
(a	n) Name				
(<i>b</i>	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				
Te	elephone No.				
E-	-mail				

3. Name o	of the person responsib	ole for collection of tax		
(a) N	ame			
(b) A	ddress			
F	lat No.			
Name of the premises/building				
Road/street/lane				
Area/location				
Town/City/District				
State				
Pin code				
Telep	hone No.			
E-mai	il			
4. Control	l totals			
Sr. No.	No. of party records	Amount paid Rs.	Tax collected Rs.	Tax deposited (Total challan amount)

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

5. Total Number of Annexures enclosed6. Other Information	
	Verification
Ι,	, hereby certify that all the particulars furnished above are correct and complete
Place:	Signature of person responsible for collecting tax at source
Date:: *dd/mm/yyyy :-date/month/year	Name of designation of person responsible for collecting tax at source