

* 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 (CORPORATION TAX) <input type="checkbox"/>		- <input type="text"/>
	(0021) INCOME TAX (OTHER THAN COMPANIES) <input type="checkbox"/>		

Permanent Account Number

Full Name

Complete Address with City & State

Tel. No. Pin

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	<input type="text"/>				
Surcharge	<input type="text"/>				
Education Cess	<input type="text"/>				
Interest	<input type="text"/>				
Penalty	<input type="text"/>				
Others	<input type="text"/>				
Total	<input type="text"/>				
Total (in words)					
CRORES	LACS	THOUSANDS	HUNDREDS	TENS	UNITS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid in Cash/Debit to A/c /Cheque No.			Dated		
<input type="text"/>			<input type="text"/>		
Drawn on <input type="text"/>					
(Name of the Bank and Branch)					
Date: <input type="text"/>			Signature of person making payment		

FOR USE IN RECEIVING BANK

Debit to A/c / Cheque credited on

- -

D D M M Y Y

SPACE FOR BANK SEAL

Rs.

Taxpayers Counterfoil (To be filled up by tax payer)

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 -

SPACE FOR BANK SEAL

Rs.