

Area/location
Town/City/District
State
Pin code
Telephone No.
E-mail

4. Details of tax deducted and paid to the credit of the Central Government:

Sr. No.	Section Code	TDS Rs.	Surcharge Rs.	Education Cess Rs.	Interest Rs.	Others Rs.
401	402	403	404	405	406	407

Sr. No.	Total tax deposited (403+404+405+406+407) Rs.	Cheque/DD No. (if any)	BSR Code	Date on which tax deposited	Transfer voucher/Challan serial No. ²	Whether TDS deposited by book entry? Yes/No ³
401	408	409	410	411	412	413

5. Details of amounts paid and tax deducted thereon from the deductees (See Annexure)

Verification

I, _____, hereby certify that all the particulars furnished above are correct and complete.

Place : _____ Signature of the person responsible for deducting tax at source _____

Date : _____ Name and designation of person responsible for deducting tax at source _____

Notes

- * Indicate the type of deductor "Government"/"Others"
- Government deductors to give particulars of transfer vouchers; other deductors to give particulars of Challan No. regarding deposit into bank.
- Column is relevant only for Government deductors.

Annexure

Deductee-wise break-up of TDS

(Please use separate Annexure for each line - item in the table at

S. No. 4 of main Form 26Q)

Details of amount paid/credited during the quarter ended (DD-MM-YYYY) and of tax deducted at source

BSR code of branch where tax is deposited	
Date on which tax deposited (dd-mm-yyyy)	
Challan Serial No.	
Section under which payment made	
Total TDS to be allocated among deductees as in the vertical total of col. 425	
Interest	
Others	
Total of the above	

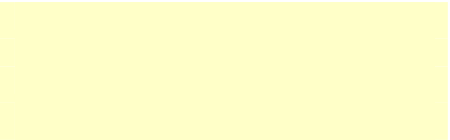
Name of Deductor	
TAN	

Sr. No.	Deductee code (01-Company 02-Other than Company)	PAN of the deductee	Name of the deductee	Date of payment/ credit	Amount paid/ credited Rs.	Paid by book entry or other- wise	TDS Rs.	Surcharge Rs.	Education Cess Rs.	Total tax deducted (421 + 422 + 423) Rs.	Total tax deposited Rs.	Date of deduction	Rate at which deducted	Reason for non- deduction / lower deduction*
414	415	416	417	418	419	420	421	422	423	424	425	426	427	428
1														
2														
3														
4														
5														
Total														

Verification

I, _____, hereby certify that all the particulars, furnished above are correct and complete.

Place:



Signature of person responsible for deducting tax at source

Date:

Name and designation of person responsible for deducting tax at source

Note.— * Write "A" if "lower deduction" or "no deduction" is on account of a certificate under section 197.

Write "B" if no deduction is on account of declaration under section 197A..