

[See rule 31A(1)(c)(ii)]

_____ (year)

- [illegible]

(a) Name

-
- A large grid of 20 columns and 10 rows. The first 5 columns are highlighted in light blue, representing the 'Number of people' for each 'Age group'.

(a) Name

- [illegible]

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 Rs. (403+404+405+406+407)	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

Verification

Place :	Signature of the person responsible for deducting tax at source
Date :	Name and designation of person responsible for deducting tax at source

1. Indicate the type of deductor "Government"/"Others"
2. Government deductors to give particulars of transfer vouchers; other deductors to give particulars of Challan No. regarding deposit into bank.
3. 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	

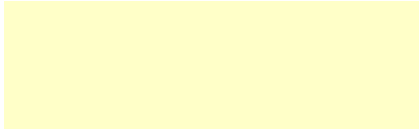
Name of Deduct or	
TAN	

Sr. No.	Deductee code (01-Com -pany 02-Other than Company)	Unique Transaction Number (UTN)	PAN of the deductee	Name of the deductee	Date of payment/ credit	Amount paid/ credited Rs.	Paid by book entry or other- wise	TDS	Surcharge	Education Cess	Total tax deducted (421 + 422 + 423) Rs.	Total tax deposited Rs.	Date of deduction	Rate at which deducted	Rea-son for non- deduction / lower deduction*
414	415	429	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. .