

**Form No. 27A**

Form for furnishing information with the statement of deduction / collection of tax at source (tick whichever is applicable) filed on computer media for the period Q4
(From 01/01/22 to 31/03/22 (dd/mm/yy)#)

1 (a) Tax Deduction Account No.
(b) Permanent Account No.
(c) Form No.

(d) Financial Year
(e) Assessment year
(f) Previous receipt number
(In case return/statement has been filed earlier)

2 Particulars of the deductor / collector

(a) Name	ABDULWAHAB NIHAL SHAH
(b) Type of deductor*	INDIVIDUAL/HUF
(c) Branch / division (if any)	NA
(d) Address	
Flat No.	203
Name of the premises/building	GOKARNA APARTMENT
Road / street / lane	DHOKALI KOLSHET ROAD
Area / location	THANE
Town / City / District	WEST MUMBAI
State	MAHARASHTRA
Pin code	400607
Telephone No.	91-8617603235
E-mail	NIKHILKAYAL17@GMAIL.COM

3 Name of the person responsible for deduction / collection of tax

(a) Name	NIKHIL KAYAL
(b) PAN	BFSPS4647R
(c) Address	
Flat No.	NA
Name of the premises/building	ABDUL WAHAB
Road / street / lane	MUSTAFA COLONY
Area / location	BABUPUR
Town / City / District	SATNA
State	MADHYA PRADESH
Pin code	485441
Telephone No.	-
E-mail	NIKHILKAYAL17@GMAIL.COM

4 Control totals

Sr. No.	Return Type (Regular / Correction type)	No. of deductee / party records	Amount paid (₹)	Tax deducted / collected (₹)	Tax deposited (Total challan amount) (₹)
1	REGULAR	18	2529600.00	25296.00	25296.00
Total		18	2529600.00	25296.00	25296.00

5 Total Number of Annexures enclosed**6 Other Information****VERIFICATION**

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

Place: WEST MUMBAI

Signature of person responsible for deducting / collecting tax at source _____

Date: 22/09/2022

Name and designation of person responsible for deducting / collecting tax at source NIKHIL KAYAL, ACCOUNTANT

* Mention type of deductor - Government or Others

dd/mm/yy :- date/month/year