

**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 Q3
(From 01/10/21 to 31/12/21 (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	XCODE LIFE SCIENCES PRIVATE LIMITED
(b) Type of deductor*	COMPANY
(c) Branch / division (if any)	NULL
(d) Address	
Flat No.	5-A
Name of the premises/building	ANUGRAHA APARTMENTS
Road / street / lane	UTHAMAR GANDHI ROAD
Area / location	NUNGAMBAKKAM
Town / City / District	CHENNAI
State	TAMILNADU
Pin code	600034
Telephone No.	44-28212276
E-mail	ACCOUNTS@XCODE.IN

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

(a) Name	ABDUR RUB ABDUR RAHMAN
(b) PAN	BIEPA9099N
(c) Address	
Flat No.	5-A
Name of the premises/building	ANUGRAHA APARTMENTS
Road / street / lane	UTHAMAR GANDHI ROAD
Area / location	NUNGAMBAKKAM
Town / City / District	CHENNAI
State	TAMILNADU
Pin code	600034
Telephone No.	-
E-mail	ACCOUNTS@XCODE.IN

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	45	2223858.00	156889.20	156891.00
Total		45	2223858.00	156889.20	156891.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I, ABDUR RUB ABDUR RAHMAN, hereby certify that all the particulars furnished above are correct and complete.

Place: CHENNAI

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

Date: 31/01/2022

Name and designation of person responsible for deducting / collecting tax at source ABDUR RUB ABDUR RAHMAN, DIRECTOR

* Mention type of deductor - Government or Others

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