INCOME TAX DAYMENT OHALLAN							
INCOME TAX PAYMENT CHALLAN							
For 1-Bill Payment through member bank please add prefix 999999 with PSID #: 183442413							
RTO Sahiwal		7 2			2023		
Name of LTU/MTU/RTO		LTU/MTU/RTO Code			Tax Year		
Nature of Tax Payment	Admitted Income Tax	Misc.	CVT		Month/Year		
Demanded Income Tax Advance Income Tax Withheld Income Tax (Final) (only for payment u/s 149) Withheld Income Tax (Adjustible) WPPF/WWF							
Payment Section	182(A)	Surcharge for ATL		Payment So	Payment Section Code 920601		
_	(Section)	(Description of Payment Section)		Account Hea	_ L L L L L L L L L L L L L L L L L L L		
Taxpayer's Particulars (To be filled for payments other than Withholding Taxes) (To be filled in by the bank)							
CNIC/Reg./Inc. No. 36602-4518289-3							
Taxpayer's Name	MUDASSAR ABBAS		5/10g./me. 140. 30002	Status	OTHER INDIVID	DUAI	
Business Name					OTTLER INDIVID		
Address Basti Dhoray wala, Bahawal Wah, Dakkhana Tiba Sultan Pur, Vehari, Mailsi. , MAILSI							
FOR WITHHOLDING TAXES ONLY							
CNIC/Reg./Inc. No.							
Name of withholding agent							
Total no. of Taxpayers Total Tax Deducte				educted			
Amount of tax in words: One Thousand Rupees And No Paisas Only Rs. 1,000							
Amount of tax in words: One Thousand Rupees And No Paisas Only Rs. 1,000 Modes & particulars of payment							
Sr. Type No.	Amount	Date	Bank	City E	Branch Name &	Address	
1 ADC (e-		1,000			lo Branch		
payment)		DECLAR	 ATION				
I hereby declare that the particulars mentioned in this challan are correct.							
CNIC of Depositor 36602-4518289-3							
Name of Depositor MUDASSAR ABBAS							
Date							
PSID-IT-000163269218-002023				Star	Stamp & Signature		
Prepared By : guest_user - Guest_User Date: 29-Sep-2024 04:01 PM							
Note: This is an inputhe Bank.	ut form and should not be	e signed/stamped t	y the Bank. However, a	CPR should be iss	ued after receipt of	f payment by	