

**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 01/10/18 to 31/12/18 (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	OFFICE OF THE CHIEF ENGINEER (WZ)
(b) Type of deductor*	ARTIFICIAL JURIDICAL PERSON
(c) Branch / division (if any)	MUMBAI
(d) Address	
Flat No.	THIRD FLOOR
Name of the premises/building	PRATISHTHA BHAVAN
Road / street / lane	OLD CGO BUILDING
Area / location	CHURCHGATE
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400020
Telephone No.	22-22031415
E-mail	AEADMIN.CEWZ@AIR.ORG

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

(a) Name	SHOBHANA S MENON
(b) PAN	ABBPM5358D
(c) Address	
Flat No.	THIRD FLOOR
Name of the premises/building	PRATISHTHA BHAVAN
Road / street / lane	OLD CGO BUILDING
Area / location	CHURCHGATE
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400020
Telephone No.	22-22031415
E-mail	AEADMIN.CEWZ@AIR.ORG

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	304	27589393.00	2815826.00	2815826.00
Total		304	27589393.00	2815826.00	2815826.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I, SHOBHANA S MENON, hereby certify that all the particulars furnished above are correct and complete.

Place: MUMBAI

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

Date: 29/01/2019

Name and designation of person responsible for deducting / collecting tax at source SHOBHANA S MENON, SENIOR AO

* Mention type of deductor - Government or Others

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