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 01/01/19 to 31/03/19 (dd/mm/yy)#)

1 (a) Tax Deduction Account No.	PNEC05461B		(d) Financial Year	2018-19
(b) Permanent Account No.	AAACC6106G		(e) Assessment year	2019-20
(c) Form No.	26Q		(f) Previous receipt number	NA

(In case return/statement has been filed earlier)

2 Particulars of the deductor / collector

(a) Name	CANARA BANK
(b) Type of deductor*	BRANCH / DIVISION OF COMPANY
(c) Branch / division (if any)	MUMBRA
(d) Address	
Flat No.	PLOT NO 7 B WING SHREE
Name of the premises/building	GANESH KRUPA BLDG
Road / street / lane	KADAM HALL
Area / location	MUMBRA
Town / City / District	THANE
State	MAHARASHTRA
Pin code	400612
Telephone No.	022-25461399
E-mail	CB0164@CANARABANK.COM

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

(a)Name	HEMANT KUMAR
(b)PAN	BJQPK3354M
(c)Address	
Flat No.	10A1303 CANARA BANK QTRS
Name of the premises/building	OPP POWAI POLICE STN
Road / street / lane	RAMBAUG POWAI
Area / location	POWAI
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400612
Telephone No.	022-25461399
E-mail	HEMANTKR12345@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	3187	24521433.12	1307295.00	1307295.00
Total		3187	24521433.12	1307295.00	1307295.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I , HEMANT KUMAR , hereby certify that all the particulars furnished above are correct and complete.

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

Date: 03/05/2019   Name and designation of person responsible for deducting / collecting tax at source HEMANT KUMAR, MANAGER

* Mention type of deductor - Government or Others

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

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