

19042311373442924757

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.	MUMO02862G
(b) Permanent Account No.	AAAJP0288R
(c) Form No.	24Q

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.	022-22031415
E-mail	AEADMIN.CEWZ@AIR.ORG

(d) Financial Year	2018-19
(e) Assessment year	2019-20
(f) Previous receipt number	NA
(In case return/statement has	
been filed earlier)	

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

(a)Name	SHOBHANA 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.	022-22031415
E-mail	

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	204	18262609.00	2264616.00	2264616.00
Total		204	18262609.00	2264616.00	2264616.00

5	Total	Number	of A	nnexures end	rlosed
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	Inform	

VERIFICATION

I, SHOBHANA MENON , hereby certify that all the particulars furnished above are cor	rect and complete
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Place: MUMBAI	Signature of person responsible for deducting / collecting tax at source
Date: 23/04/2019	Name and designation of person responsible for deducting / collecting tax at source SHOBHANA MENON, SENIOR AO

* Mention type of deductor - Government or Others

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