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 01/01/18 to 31/03/18 (dd/mm/yy)#)

1 (a) Tax Deduction Account No.	PNEM07924A		(d) Financial Year	2017-18
(b) Permanent Account No.	AAECM2936N		(e) Assessment year	2018-19
(c) Form No.	24Q		(f) Previous receipt number	NA
			(In case return/statement has been filed earlier)	

2 Particulars of the deductor / collector

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

(a) Name	MAJOR SUBSTATION DIVISION
(b) Type of deductor*	BRANCH / DIVISION OF COMPANY
(c) Branch / division (if any)	PUNE
(d) Address	
Flat No.	925 3RD FLOOR
Name of the premises/building	ADMINISTRATIVE BUILDING
Road / street / lane	JUNA BAZAR ROAD
Area / location	
Town / City / District	PUNE
State	MAHARASHTRA
Pin code	411011
Telephone No.	020-24579223
E-mail	EE6610@MAHATRANSCO.IN

(a)Name	SANJAYKUMAR SHANKARRAO GEDAM
(b)PAN	ABJPG0168K
(c)Address	
Flat No.	925 3RD FLOOR
Name of the premises/building	ADMINISTRATIVE BUILDING
Road / street / lane	JUNA BAZAR ROAD
Area / location	
Town / City / District	PUNE
State	MAHARASHTRA
Pin code	411011
Telephone No.	020-24579223
E-mail	EE6610@MAHATRANSCO.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	99	5134849.82	390568.00	390568.00
Total		99	5134849.82	390568.00	390568.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

I , SANJAYKUMAR SHANKARRAO GEDAM , hereby certify that all the particulars furnished above are correct and complete.

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

Date: 29/05/2018

Name and designation of person responsible for deducting / collecting tax at source

SANJAYKUMAR SHANKARRAO GEDAM, EXECUTIVE ENGINEER

* Mention type of deductor - Government or Others

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

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