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.	MUMC14758C	(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)	MUMBAI MAZAGAON SSB
(d) Address	
Flat No.	ALL SAINTS HOME BLDG, 54A
Name of the premises/building	, DOCKYARD ROAD MAZAGAON,
Road / street / lane	MUMBAI - 400 010
Area / location	
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400010
Telephone No.	12-1234
E-mail	CB2668@CANARABANK.COM

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

(a)Name	PRADIP KUMAR
(b)PAN	BDKPK5679R
(c)Address	
Flat No.	ALL SAINTS HOME BLDG, 54A
Name of the premises/building	, DOCKYARD ROAD MAZAGAON,
Road / street / lane	MUMBAI - 400 010
Area / location	
Town / City / District	MUMBAI
State	MAHARASHTRA
Pin code	400010
Telephone No.	-
E-mail	CB2668@CANARABANK.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	1022	13026959.52	936887.00	936887.00
Total		1022	13026959.52	936887.00	936887.00

5 Total Number of Annexures enclosed

6 Other Information

VERIFICATION

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

Place: MUMBAI

Date: 28/01/2019

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

Name and designation of person responsible for deducting / collecting tax at source PRADIP KUMAR, SENIOR MANAGER _____

* Mention type of deductor - Government or Others

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

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