4/20/2020 FORM 4A



TR No: 1148046428			Date: 20/04/2020 yee under section 10(1) of the Karnataka Tax on Professions,		
	a by an enrolled persol Employments Act, 1976		ion 10(1) of the Karnataka Tax	on Professions,	
1. Return for the year ending on:		2020-2021			
2. Name of the enrolled person:		SYNDICATE,	SYNDICATE,BANK,,,		
3. Full address and Telephone No.:		VADERHOBL	VADERHOBLI,KUNDAPURA TALUK,,,, PIN:576201		
4. Enrollment Certificate No(Old):		177278313	177278313		
5. Profession, Trade, etc. (specify):			Banking Companies		
Details of exemption or in any other capa	n claimed in respect of acity:	any partners who have	paid tax in other firms or exem	pt senior citizen	
1. Name of the person:					
2. Full address and Telephone No.:					
3. Class of enrolled pe	erson (whether				
individual, partnersh and others, etc.) (Sp	ip firm, company ecify):				
4. Enrollment Certific	ate No.:				
5. VAT No.:					
6.PT Demand entered by the Dealer:		2500			
7.PT Additional Demand raised by the Officer:		0			
		Payment Details			
Pay Mode	Pay No	Pay Date	Bank	Amount	
e-Payment	2265127583	20/04/2020	212283129651066	2500	
8. Office in which the payment is made.:		LVO 290 - Ku	ındapur,Kundapur-Kundapur		
I, SYNDICATE,BA	NK,,, certify that the info		s true to the best of my knowledge	and belief.I will vi	
· · · · · · · · · · · · · · · · · · ·			ation acknowledged by the PTO.		
Place:					
Date: 20/04/2020		Signature and Do			