INCOME TAX PAYMENT CHALLAN									
For 1-Bill Payment through member bank please add prefix 999999 with PSID #: 182861920									
•		th PSID —		,					
RTO-II KARA(6 7								
Name of LTU/MT		LTU/M	ITU/RTO C			Tax Y			
Nature of Tax Payment	Admitted Inco	L.	Misc.	- 1	CVT	T (F: 1	Month/Yea		
Demanded Income Tax Advance Income Tax Withheld Income Tax (Final) (only for payment u/s 149) Withheld Income Tax (Adjustible) WPPF/WWF									
Payment Section	137	` ,		ا I Income Ta	ax	Pavment	Section Code	9203	
(Section)		(Description of Payment Section)			_	Account Head (NAM) B01134			
Taxpayer's Particulars (To be filled for payments other than Withholding Taxes) (To be filled in by the bank)									
CNIC/Reg./Inc. No. 42101-2753457-7									
Taxpayer's Name	WARIS AH	MED ————————————————————————————————————				Status - –	OTHER IND	DIVIDUAL	
Business Name									
Address R-283, Block-16, FB AREA, Karachi Central, Gulberg Town.									
FOR WITHHOLDING TAXES ONLY									
			(CNIC/Reg.	Inc. No.				
Name of withholding agent									
Total no. of Taxpayers		Total Tax Deducted							
Amount of tax in words: Six Hundred Eighty One Rupees And No Paisas Only Rs. 6								681	
Modes & particulars of payment									
Sr. Type No.	Amou	ınt	Date	Bank		City	Branch Nam	e & Address	
1 ADC (e- payment)		681					No Branch		
DECLARATION									
I hereby declare that the particulars mentioned in this challan are correct.									
CNIC of Depositor 42101-2753457-7									
Name of Deposit	AHMED								
Date									
PSID-IT-0001623						St	Stamp & Signature		
			. 05.0	204.05.55.					
Prepared By: 4210127534577 - WARIS AHMED Date: 25-Sep-2024 05:03 PM Note: This is an input form and should not be signed/stamped by the Bank. However, a CPR should be issued after receipt of payment by									
Note: This is an input the Bank.	t form and sho	ould not be sign	ed/stamped b	y the Bank.	However, a C	PR should be is	ssued after rece	ipt of payment by	