**Form No. 27A**

**[See Rule 37B]**

**Form For Furnishing Information With The Return Or Statement Of Deduction Of Tax At Source Filed On Computer Media**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DETAILS OF THE TAX DEDUCTOR | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Deduction Account Number | | | | | | | | | | | |  | | |  | | |  | |  | |  | | | | |
| Permanent Account Number | | | | | | | | | | | |  | | |  | | |  | |  | |  |  |  | | |
|  |  |  | |  | | | |  | |  | |  | | |  | | | | |  | |  |  | | | |
| Name of Organisation | | | | | | | | | | | |  | | |  | | |  | |  | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Telephone No. | | | |  | | | | | | | | | |  | | | | | Fax No. | | | | | | |  |
| DETAILS OF THE PERSON RESPONSIBLE FOR DEDUCTION OF TAX AT SOURCE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Designation | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Telephone No. | | |  | | | | | | | | | | |  | | | | | Fax No. | | | | | | |  |
| OTHER INFORMATION  [Please give the complete information] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Return/ Statement Form No. | | Period ending | | | Assessment year | | | | | Periodicity | | | | | | | Media used for the return or statement | | | Total number of computer media enclosed | | | Whether existing TDS assessee (Y -Yes N-No) | | | | A.O. Code | | |
|  | |  | | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | | |  |
| CONTROL TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S. No. | Control Total required for | | | | | | | | | | | | | | | | | | | | | | Control Total | | | | | |
| 1. | Gross total income (Form No. 24 only) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 2. | Total income-tax payable and surcharge thereon (Form No. 24 only) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 3. | Total income-tax deducted at source (Form No. 24 only) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 4. | Total amount paid to companies at prescribed rates (For Form Nos. 25, 26, 26A, 26B, 26BB, 26C, 26D, 26G, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 5. | Total amount paid to non-companies at prescribed rates (For Form Nos. 25, 26, 26A, 26B, 26BB, 26C, 26D, 26F, 26G, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 6. | Total amount paid to companies at lower rates (For Form Numbers 25, 26, 26A, 26C, 26D, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 7. | Total amount paid to non-companies at lower rates (For Form Nos. 25, 26, 26A, 26C, 26D, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 8. | Total amount of tax deducted from companies at prescribed rates (For Form Nos. 25, 26, 26A, 26B, 26BB, 26C, 26D, 26G, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 9. | Total amount of tax deducted from non-companies at prescribed rates (For Form Nos. 25, 26, 26A, 26B, 26BB, 26C, 26D, 26F, 26G, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 10. | Total amount of tax deducted from companies at lower rates (For Form Nos. 25, 26, 26A, 26C, 26D, 26H, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 11. | Total amount of tax deducted from non-companies at lower rates (For Form Nos. 25, 26, 26A, 26C, 26D, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 12. | Total number of persons from whom tax was deducted (For Form Nos. 24, 25, 26, 26A, 26B, 26BB, 26C, 26D, 26F, 26G, 26H, 26J, 26K, 27) | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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**Verification**

I, , certify that all the particulars furnished above are correct and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| Place : |  | Name and signature of the person responsible for deducting tax at source | | |
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|  |  |  |  |
| --- | --- | --- | --- |
| Date : |  | Designation : |  |