

Individual Advance Tax Payment Challan

Challan No.:

Date of Payment:
____/____/____

Assessment Year:
20____ - 20____

PAN:

Full Name:

Address:

Contact Number:

Tax Payment Details

| S. No. | Particulars | Amount (INR) |
|--------|----------------|--------------|
| 1 | Income Tax | |
| 2 | Surcharge | |
| 3 | Education Cess | |
| 4 | Interest | |
| 5 | Penalty | |
| Total | | |

Bank Name & Branch:

Drawn on:

Mode of Payment:
☐ Cash ☐ Cheque ☐ Demand Draft

Depositor's Signature:
Date:
____/____/____

Important Notes:

- This challan must be filled in clearly and correctly to avoid processing delays.
- Ensure PAN and Assessment Year details are accurate before submission.
- Retain a copy of this challan as proof of payment for future reference.
- Mistakes or overwriting may render the challan invalid.
- For any queries, contact your assessing officer or refer to the Income Tax Department's official guidance.

