

Detailed Employer PT (Professional Tax) Challan Form

Employer Details

Name of Employer/Company:

Registration No.:

PAN:

Address:

City:

State:

Pincode:

Challan Details

Challan No.:

Month & Year:

Date of Payment:

Bank Name:

Branch:

Payment Mode:

Employee-wise PT Payment Details

Sl. No.	Employee Name	Designation	Employee Code	Gross Salary	PT Deducted	Month
1						
2						
3						
Total PT Amount						

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Signature:

Name & Designation:

Date:

Important Notes:

- This challan must be filled accurately and submitted before the due date as per state regulations.
- Enclose payment proof / transaction details with the challan form.

- Maintain a copy of the submitted challan for future reference and audit purposes.
- Ensure that professional tax is deducted as per the applicable salary slabs.
- Incorrect or incomplete information may result in penalties.