

Manual Professional Tax Challan

Challan No.:	_____	Date:	____/____/____
Employer Name:			
Employer Address:			
Professional Tax Registration No.:			
Period (Month/Year):		Mobile/Contact No.:	

Details of Remittance

S. No.	Particulars	Amount (Rs.)
1	Professional Tax Payable	
2	Late Fee (if any)	
3	Interest (if any)	
Total Amount Paid		

Payment Details

Payment Mode:	Cash / Cheque / DD (Strike out which is not applicable)
Bank Name:	
Cheque/DD No.:	
Date:	

Signature/Declaration

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

Place:		Date:	
Signature		Name & Designation	

Important Notes:

- This Challan must be filled in handwritten or typed, and submitted along with payment at the designated office/bank.
- Ensure correct Professional Tax Registration Number and period are mentioned to avoid mismatch.
- Retain the acknowledged copy of this Challan as proof of payment.
- Any late payment may attract penalty and/or interest as per State PT Rules.
- Consult your tax advisor or official guidelines for recent changes or clarifications.

