

# REVISED EMPLOYER PROFESSIONAL TAX CHALLAN

(FOR OFFICE USE AND EMPLOYER RECORD)

Challan Number	_____
Date of Challan	___/___/___
Employer Name	_____
Employer Address	_____ _____
Tax Registration Number	_____
Period for which paid	From ___/___/___ To ___/___/___
Type of Revision	<input type="checkbox"/> Original <input type="checkbox"/> Revised (Tick whichever is applicable)

## Payment Details

Sl. No.	Particulars	Amount (Rs.)
1	Tax Amount	_____
2	Interest (if any)	_____
3	Penalty (if any)	_____
	<b>Total Amount Deposited</b>	_____

## Bank Details

Name of the Bank	_____
Branch	_____
Mode of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque/DD No. _____ Date ___/___/___

Signature & Seal of Employer

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

## Important Notes:

- This challan must be filled in legible handwriting or printed clearly.
- Ensure all the details are filled accurately before submitting.
- Retain a copy of this challan for future reference and audit.
- Any corrections or revisions must be clearly indicated and resubmitted as 'Revised'.
- Attach supporting documents, if any, with the revised challan.