

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)	_____
	Total Amount Deposited	_____

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.