

Professional Tax Challan (For Employers)

Standard Format

Challan No.: _____

Date: ____ / ____ / ____

Employer's Name: _____

Employer's PT Registration No.: _____

PAN: _____

Address:

City: _____ **Pin Code:** _____

Assessment Year: _____

Phone/Email: _____

Sr. No.	Employee Name	Designation	Salary (₹)	PT Deducted (₹)	Month
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
Total PT Deducted (₹):				_____	_____

Amount in Words: _____

Payment Mode: Cash Cheque/DD No. _____ Date: ____ / ____ / ____

Bank Name: _____

Branch: _____

Authorised Signatory
(With Seal)

Important Notes:

- This challan must be filled out accurately and submitted along with the remittance of professional tax deducted from employees.
- Retain a copy of the challan for your records and for future reference during audits.
- Ensure all fields are duly completed and the correct assessment year is mentioned.
- Any corrections or alterations in the challan must be authenticated by the authorised signatory.
- Non-compliance or delay in payment may attract interest and penalties under the applicable law.