

INCOME TAX DEPARTMENT TAX PAYMENT RECEIPT

IT-31 (Rev-II)
ORIGINAL for Department

Notes 1) Tax payments should be rounded to Rupees 2) Payment Sections and codes are printed overleaf

Name of LTU/ MTU/ RTO	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	Tax Year
Nature of Tax Payment	<input type="checkbox"/> Current Demand <input type="checkbox"/> Arrear Demand <input type="checkbox"/> With Return <input type="checkbox"/> Deduction at Source <input type="checkbox"/> Advance Payment <input type="checkbox"/> Misc./ Others	Salary Month <i>(only for payment u/s 149)</i>
Payment Section	(Section) (Description of Payment Section)	Payment Section Code Account Head (NAM)
Taxpayer's Particulars (To be filled for payments other than Withholding Taxes)		(To be filled in by the bank)
NTN	CNIC / Reg./ Inc. No.	
Taxpayer's Name		Status (*)
Business Name		
Address		

FOR WITHHOLDING TAXES ONLY

NTN/ FTN of Withholding agent	CNIC/ Reg./ Inc. No. (where applicable)
Name of withholding agent	
Details of taxpayers provided in electronic form : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Enter maximum of 10-taxpayers in one challan, no limit if provided electronically)</i>	

Sr.	NTN/ CNIC	Status (*)	Taxpayer's/Business Name & Address	Amount against which tax is being Withheld	Tax Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL					

Amount of tax in words : _____ Rs. _____

Mode of payment Cash Refund Adjustment (by Department only)

Cheque/ Pay Order/ etc. No. _____ Date : _____

Bank _____ Branch _____ **Signature of Depositor**

	Treasury Challan No. & Date Bank Stamp & Branch Code
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For use of Computer Section of Dept. To be endorsed by the Treasury Officer of Authorized Bank

(*) Status **PUB** => Public Company, **PVT** => Pvt. Ltd. Company, **SCOY** => Small Company, **AOP** => AOP, **IND** => Individual

INCOME TAX DEPARTMENT

TAX PAYMENT RECEIPT

IT-31 (Rev-II)
 DUPLICATE for Treasury/Bank

Notes 1) Tax payments should be rounded to Rupees 2) Payment Sections and codes are printed overleaf

Name of LTU/ MTU/ RTO	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	LTU/MTU/RTO Code	Tax Year
Nature of Tax Payment	<input type="checkbox"/> Current Demand	<input type="checkbox"/> Arrear Demand	<input type="checkbox"/> With Return
	<input type="checkbox"/> Deduction at Source	<input type="checkbox"/> Advance Payment	<input type="checkbox"/> Misc./ Others
Payment Section	Payment Section Code		Salary Month <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
(Section)	(Description of Payment Section)	Account Head (NAM)	(only for payment u/s 149)
Taxpayer's Particulars (To be filled for payments other than Withholding Taxes)		(To be filled in by the bank)	
NTN	CNIC / Reg./ Inc. No.		
Taxpayer's Name			Status (*)
Business Name			
Address			

FOR WITHHOLDING TAXES ONLY

NTN/ FTN of Withholding agent		CNIC/ Reg./ Inc. No. (where applicable)			
Name of withholding agent					
Details of taxpayers provided in electronic form : <input type="checkbox"/> Yes <input type="checkbox"/> No (Enter maximum of 10-taxpayers in one challan, no limit if provided electronically)					
Sr.	NTN/ CNIC	Status (*)	Taxpayer's/Business Name & Address	Amount against which tax is being Withheld	Tax Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL					

Amount of tax in words : _____ Rs. _____

Mode of payment Cash Refund Adjustment (by Department only)

Cheque/ Pay Order/ etc. No. _____ Date : _____

Bank _____ Branch _____ Signature of Depositor

	Treasury Challan No. & Date Bank Stamp & Branch Code
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For use of Computer Section of Dept. To be endorsed by the Treasury Officer of Authorized Bank

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INCOME TAX DEPARTMENT

TAX PAYMENT RECEIPT

IT-31 (Rev-II)
 TRIPLICATE for Taxpayer/
 Deducting Authority

Notes 1) Tax payments should be rounded to Rupees 2) Payment Sections and codes are printed overleaf

Name of LTU/ MTU/ RTO _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	LTU/MTU/RTO Code	Tax Year	
Nature of Tax Payment	<input type="checkbox"/> Current Demand	<input type="checkbox"/> Arrear Demand	<input type="checkbox"/> With Return	Salary Month <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <i>(only for payment u/s 149)</i>
	<input type="checkbox"/> Deduction at Source	<input type="checkbox"/> Advance Payment	<input type="checkbox"/> Misc./ Others	
Payment Section	_____	Payment Section Code	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	
	(Section)	(Description of Payment Section)	Account Head (NAM)	_____
Taxpayer's Particulars (To be filled for payments other than Withholding Taxes)		(To be filled in by the bank)		
NTN	_____	CNIC / Reg./ Inc. No.	_____	
Taxpayer's Name	_____		Status (*)	_____
Business Name	_____			
Address	_____			

FOR WITHHOLDING TAXES ONLY

NTN/ FTN of Withholding agent _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 10px;"></div>	CNIC/ Reg./ Inc. No. _____ <small>(where applicable)</small>			
Name of withholding agent _____					
Details of taxpayers provided in electronic form : <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Enter maximum of 10-taxpayers in one challan, no limit if provided electronically)</i>					
Sr.	NTN/ CNIC	Status (*)	Taxpayer's/Business Name & Address	Amount against which tax is being Withheld	Tax Amount
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
TOTAL					_____

Amount of tax in words : _____ **Rs.** _____

Mode of payment Cash Refund Adjustment (by Department only)

Cheque/ Pay Order/ etc. No. _____ Date : _____

Bank _____ Branch _____ **Signature of Depositor** _____

	Treasury Challan No. & Date _____ Bank Stamp & Branch Code _____
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For use of Computer Section of Dept. To be endorsed by the Treasury Officer of Authorized Bank

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INCOME TAX DEPARTMENT

TAX PAYMENT RECEIPT

IT-31 (Rev-II)
QUADRIPLICATE for Taxpayer

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Taxpayer's Name	Status (*)	
Business Name		
Address		

FOR WITHHOLDING TAXES ONLY

NTN/ FTN of Withholding agent		CNIC/ Reg./ Inc. No. (where applicable)			
Name of withholding agent					
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TOTAL					

Amount of tax in words : _____ Rs. _____

Mode of payment Cash Refund Adjustment (by Department only)
 Cheque/ Pay Order/ etc. No. _____ Date : _____
 Bank _____ Branch _____ Signature of Depositor

	Treasury Challan No. & Date Bank Stamp & Branch Code
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