THE COSMOS CO OP BANK LTD COSMOS TOWER: UNIVERSITY ROAD, GANESHKHIND, PUNE 411007

(To be filled in case of TDS/TCS payments-ITNS 281) 1. TAN (copy to be enclosed): - 2. Full name of the assessee as mentioned on TAN allotment letter:							
State '-		Pin code :-					
State :- Pin code :- 4. Contact No :-(ph.) (Mobile)							
5. Financial Year:		A		ır: -			
Type of Payment Tick the relevant CO /NON CO	Section code	TDS Rs.	Interest, if any.	Surcharge Rs.@10%	Edu. Cess Rs.@ 3%	u/s 234 e	Total Amount Rs.
Salary to Non-Govt. employees	92B	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
Interest other than interest on	94A	***	***	***	***	***	***
securities Co (0020)							.00
Non-co (0021)							.00
Payment to contractors & sub-	040	***	***	***	***	***	***
contractors Co (0020)	94C	^^^	***	^^^	***	***	.00
Non-co (0021)							.00
Rent	941	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
Fees for professional/Technical services	94J	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
Tds on NRE/NRO	195	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
TCS	code	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
Other Payment (Please specify below)	code	***	***	***	***	***	***
Co (0020)							.00
Non-co (0021)							.00
Total							.00
6.Whether tax payable by tax-pay Tax payable on regular assessme 7. E-payment charges debited t E-Tax Payment Request -Please for the amount as per cheque/s of Chq. No/s.:-	ent(IF NOTICI o customer's debit my/ou	E RECEIVED FROM A/c/included in A/c no. d "Yourselves" in towards	n cheque amt. wit	Rs h_ n words)	Br		
Declaration - The e-tax informat	tion given by	me/us is correc				edge.	
I declare that I/We am/are solely I/We am/are aware about the factor website accessibility problems	ct that succes s. Hence I/We	sful e-tax payme will not hold 'T	ent is not war The Cosmos Co	ranted if it i o-op. Bank L	is hampered td.' or any	of its employe	
for any delay or such other discrepancy/ies in e-payment of t Authorized Officer's sign with Branch Name /seal			taxes que to t	Name & Signature of the Account Holder / Authorized signatory with Stamp:-			
DC No.: -	Date:		Chq No.:		Amount Rs:		
(Note: -ABOVE DETAILS ARE MA		REQUIRED FOR	_		2222 2331		

Please ensure that the Form is duly filled in all respects. Incomplete forms will not be processed by the on-line system.)