

THE COSMOS CO-OPERATIVE BANK LTD

COSMOS TOWER UNIVERSITY ROAD, GANESHKHIND, PUNE 411007

**MTR - 6 PROFESSIONAL E-TAX PAYMENT CHALLAN
MAHARASHTRA STATE ONLY**

(*) field is mandatory to complete the form.

FORM G

PTRC/PTEC NUMBER *											P
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FULL NAME OF TAXPAYER *											
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(NAME WHICH IS PRINTED ON REGISTRATION CERTIFICATE OF PROFESSIONAL TAX)

ADDRESS *											
PAN NO. *						MAIL ID *					
CONTACT NO. *											
LOCATION *											

(SELECT THE APPLICABLE ONE)

TYPE OF PAYMENT *		FORM ID *				
1) PTRC -		IIB				
	If any order	Installment	Interest	Penalty	Assessment	Others
2) PTEC -		VIII				

PERIOD TYPE *	
MONTHLY	
QUARTELY	
HALF YEARLY	
YEARLY	

YEARLY			
5 YEARS AND ABOVE			
SCHEDULED ENTRY CODE *			

PERIOD *				DEPARTMENT OF SALES TAX, MAHARASHTRA STATE			
FROM		TO		PROFESSIONAL TAX ACT, 1975			

ACCOUNT HEAD DETAILS	CODE	AMOUNT	(AMOUNT IN WORD :-)
AMOUNT OF TAX	1		
INTEREST AMOUNT	2		
PENALTY AMOUNT	3		
COMPOSITION MONEY	4		
FINE	5		
ADVANCE PAYMENT	6		
OTHERS	7		
TOTAL AMOUNT			

e-Tax payment Request - Please debit my/our A/c No. _____ with Branch, for the amount as per cheque/s enclose titled "YOURSELFS" Rupees :- _____ /- (Total amount in word) Rupees - _____ towards electronic Tax payment - Cheque no :- _____ Cheque Date :- _____.

Declaration:- The e-Tax information given by me/us is correct & true to best of my/our knowledge. I declare that I/We am/are solely responsible for the tax information given by me/us as above and bank has not responsible for wrong payment. I/We am/are aware about the fact that successful e-Tax payment is not warranted if it is hampered by any technical reasons or website accessibility problems. Hence I/We will not hold 'The Cosmos Co-Op Bank Ltd.' or any of its employees responsible for any delay or such other discrepancy/ies in e-payment of Taxes due to the aforementioned reasons.

FOR BANK USE ONLY

Name & Signature of the Account Holder/ signatory with stamp	Authorized
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- Received cheque No.:- _____ date :- _____ on (Dt.) _____ for Rs. _____ /-
- e-Tax Payment charges debited to customer's a/c included in cheque amount Rs. _____ /-
- Account Holder's signature verified, a/c No. _____ is Debit & Credit to A/c No. COS370086.

DC NO. :-	DATE :-
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Authorized Officer's sign with Branch Name/seal

Instructions :

- # Please fill all required information.
- # This form is applicable only for Maharashtra state only.