

**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:5px;"></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>
	<input type="checkbox"/> Deduction at Source	<input type="checkbox"/> Advance Payment	<input type="checkbox"/> Misc./ Others	(only for payment u/s 149)
Payment Section	_____	_____	Payment Section Code <div style="border:1px solid black; width:20px; height:20px; display:inline-block;"></div>	Account Head (NAM) _____
	(Section)	(Description of Payment Section)		

**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 :  Yes  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.	_____	_____	_____	_____	_____
<b>TOTAL</b>				_____	_____

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 <span style="margin-left: 100px;">Bank Stamp &amp; Branch Code</span>
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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