

Part X
Monthly Statement of Collection or Deduction of Income Tax
Section 165 (2)
[See rule 44(2)]

Page No. 1 of 1

Year 2017 Month February

LTU/RTO _____

Particulars of withholding agent/payer/collector

NTN/ FTN 0818502-6

Address : F-207,TEXTILE AVENUE,OFF GCT,S.I.T.E (In block letters)

Name of Withholding Agent SCM

Telephone: +92(021)32576691-94 Fax: +92(021)32573828 E-Mail: _____

Details of payments etc. where tax has been collected, deducted, short deducted or not deducted at source

Sr.	Particulars of Person from whom tax collected/ deducted					Particulars of Payment Made					Particulars of Tax paid				Reasons, If Tax Not Collected/ Deducted		
	Taxpayer Id.		Name	Address	Nature of payment etc.	Payment Section Code	Date of Payment dd/mm/yyyy	Value/ Amount on which tax collection or deductible	Rate of tax (%)	Amount of tax collected or deducted. (Rupees)	Amount of tax deposited. (Rupees)	Date of Tax Deposit (dd/mm/yyyy)	CPR Number	Section of Law	Exemption Certificate		
	ID Type	CNIC/NTN/Phone/ Mobile Number/PP													Number	Date	Issuing Authority
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1					Services - Company	153(1)(b)	15/02/2017	100,000.00	8.000	8,000.00	8,000.00						
TOTAL										8,000.00	8,000.00						

(2) Taxpayer Id: N => NTN, C => CNIC, P => Passport No. (only for Non-Residents), T => Telephone / Mobile Phone No.

I, Mian Nadeem Ihsan Sb. holder of CNIC No. _____ in my capacity as MD, do hereby solemnly declare that to the best of my knowledge and belief the information given in this statement is correct, complete and in accordance with the provisions of the Income Tax Ordinance, 2001 and Income Tax Rules, 2002. I further certify that the amount of chargeable salary indicated against each employee has been determined / calculated, keeping in view the provision of the Income Tax Ordinance 2001 and Income Tax Rules 2002.

Date: 16/02/2018 (dd/mm/yyyy)

Signature