| Form GST PMT –06 Payment Challan (See Rule 87(2)) Challan for deposit of goods and services tax | | | | | | | | | |
|--|---|--------------------------|--------------|----------|---|-----|--------|---------|--|
| | CP I N: 23072900 | 410789 | | • | rated on: 20/07/2023 19:48:02 Expiry Date: 04/08/2023 | | |)23 | |
| Details of Taxpayer | | | | | | | | | |
| | GSTIN: 29AAJF\ | /1467H1ZR | F-mail Id: i | | @XXXXXXXXXXXXXXXXIn Mobile | | | 699 | |
| | | THREE HOSPITAL | | _ | XXXXXXXX Karnataka,560001 | | | | |
| | Reason For Challan | | | | | | | | |
| | Reason: Any other payment | | | | | | | | |
| Details of Deposit (All Amount in Rs.) | | | | | | | | | |
| | Government | Major Head | | | Minor Head | | | | |
| Ī | | | Tax | Interest | Penalty | Fee | Others | Total | |
| | | CGST(0005) | 113895 | - | - | 25 | - | 113920 | |
| | Government Of India | IGST(0008) | - | - | - | - | - | - | |
| | | CESS(0009) | - | - | - | - | - | - | |
| | | Sub-Total | 113895 | 0 | 0 | 25 | 0 | 113920 | |
| | Karnataka | SGST(0006) | 113894 | - | - | 25 | - | 113919 | |
| | Total Amount | | • | | • | | | 227839 | |
| Total Amount | | in words) | | Rupees T | Rupees Two Lakhs Twenty-Seven Thousand Eight hundred Thirty-Nine Only | | | | |
| Mode of Payment | | | | | | | | | |
| ✓ E-Payment ☐ Over the Counter(OTC) ☐ NEFT / RTGS | | | | | | | | | |
| 1 | | Particulars of depositor | | | | | | | |
| | Name | | | | · · · | | | | |
| | Designation/Status(Manager,partner etc) | | | | | | | | |
| | Signature | , , , , , | | | | | | | |
| | Date | | | | | | | | |
| | Paid Challan Information | | | | | | | | |
| | GSTIN | | | | | | | | |
| Taxpayer Name | | | | | | | | | |
| | Name of the Bank | | | | | | | | |
| | Amount | | | | | | | | |
| | Bank Reference No.(BRN)/UTR | | | | | | | | |
| | CIN | | | | | | | | |
| | Payment Date | | | | | | | | |
| | Bank Ack No. (For Cheque / DD deposited at Bank's counter) | | | | | | | | |