

T.R. FORM NO. 10
[See T. R. 4.072]

SCHEDULE OF INCOME TAX DEDUCTED AT SOURCE (TDS) FOR EMPLOYEE/ BENEFICIARY/ PENSIONER

FOR THE MONTH OF: _____

D.D.O. Code _____ TAN No. _____ Bill No. _____ Date ____/____/____
Token No. _____ Date ____/____/____ T.V. No. _____ Date ____/____/____

Head of Account Code : 8658-00-112-001-20

Sl. No.	Employee /Beneficiary/ Pensioner Identification No.	Name of the Employee /Beneficiary/ Pensioner	Designation of the Employee	Gross Claim (Rs.)	Amount Deducted (Rs.)	PAN No.	Remarks
1	2	3	4	5	6	7	
Total Rs. (in words) _____ only					Rs. _____		

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.