



**Government of Sindh
Sindh Revenue Board
Tax Payment Challan Form**

SST-04
Section 30 Rule 14

NTN - SNTN S - Tax Period - 20

Name

Address

Service Service Code

TAX PAYMENTS

Head of Account B - 0 2 3 8 2 **Sindh Sales Tax on Services**

Sr.	Description of Payment, whichever is applicable	Amount in Pak Rs.
1	Sales Tax on Services	
2	Additional Tax	
3	Default Surcharge	
4	Penalty/Fine	
TOTAL Amount of Payment		

Amount in Words _____

Mode & Particulars of Payment

Mode of Payment Cash Cheque Pay Order Demand Draft

Cheque/Pay Order/Drfat No. _____ Date _____

Bank/Branch Name/City/Br-Code _____

DECLARATION OF DEPOSITOR

I hereby declare that the particulars mentioned in this tax payment challan are correct to the best of my knowledge and belief.

CNIC -

Name _____

Date - -
(DD-MM-YYYY)

Signature of Depositor

Note: *This is an input form and should not be signed/stamped by the Bank. A Computerized Payment Receipt (CPR) should be issued after receipt of payment by the Bank.*