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- > e-TDS/TCS
- > e-PAYMENT
- > Annual Information Return (AIR)
- > e-PAN Verification
- > TAN
- > e-Return Intermediary
- > Form 240
- > Online PAN Registration
- > Status of Tax Refunds
- > Equalization Levy
- > TDS on Payments to Resident Contractors and Professionals
- > Challan Status Inquiry
- > TDS on Sale of Property
- > TDG on Rent of Property

Form 280B  
Property Tax Payment Request Form

Date :

Location \_\_\_\_\_ Branch Name \_\_\_\_\_

You hereby request Kotak Mahindra Bank Ltd. to process the online payment of tax on behalf of the assessed, as per details given below, either through its own internet banking facility or through the internet banking facilities of any other authorized bank, with which Kotak Mahindra Bank has a tie-up for the purpose of online payment of taxes, as per the following details:

## — TYPE OF PAYMENT - (800) TDS ON SALE OF PROPERTY

## Acknowledgment Details :

Name of Transferee (Payer/Buyer)*	_____
Name of Transferee (Payee/Seller) *	_____
PAN of Transferee (Buyer/Seller)*	_____
Name of Transferee (Buyer/Seller)*	_____
Acknowledgment No.*	_____
Assessment Year*	_____
TDS Amount to be paid*	_____
Interest*	_____
Fee*	_____
Total payment*	_____
Amount in words : *	_____

## Bank/Miscellaneous Account Details (for account to be debited)

Account Name	_____
Account No.	_____
Account Type	_____
Account Status	_____

## Please Note:

1. Fields marked with \* are mandatory.

- Steps :
1. Log in to MITHRA site <http://mirtha.nyssd.ny.gov/onlineclient/submitchallan.aspx> & click on Form 280B
  2. Enter all the details correctly.
  3. Select "e-tax payment on subsequent date / payment of taxes by clicking any of the Bank Branches" under Mode of Payment.
  4. Click on "Proceed" button
  5. Take printout of the Acknowledgment slip and fill the above details, submit at Kotak Bank Branch.

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09883/Apr-2013/IV-V-C

New York State Department of Taxation and Finance  
**Tax Information Authorization**  
This is not a Power of Attorney  
See Instructions, Form DTF-280-L

**DTF-280**  
(1011)

**1. Taxpayer Information** (print or type)  
 Taxpayer name(s) if joint income tax return, enter both names / Taxpayer SSN or EIN \_\_\_\_\_  
 Mailing address / Spouse's SSN if applicable \_\_\_\_\_  
 City, Village, town, or post office State ZIP code State of incorporation if applicable \_\_\_\_\_

**2. Appointee Information**  
 Appointee's name Mailing address (include firm name, if applicable) Telephone number \_\_\_\_\_  
 \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( )  
 \_\_\_\_\_ ( )

**3. Tax matter(s)**  
 The appointee is authorized to receive your confidential information (not including copies of tax returns) from the Tax Department for the tax matter(s) listed below.  
 Type(s) of tax (income, sales, corporation, etc.) Tax year(s), period(s), or transaction(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Retention/recocation of prior tax information authorization(s)**  
 Filing this tax information authorization revokes all tax information authorizations previously filed with the New York State Department of Taxation and Finance for the same tax matters you listed above in section 3. If there is an existing tax information authorization you do not wish to revoke, attach a signed and dated copy of each tax information authorization you want to remain fully in effect and mark an X in this box.  
 The filing of Form DTF-280, Tax Information Authorization, does not revoke any power of attorney that is currently in effect for the same tax matters you listed above.

**5. Taxpayer signature** (Taxpayer(s) must sign and date this form below.)  
 Either spouse must sign below if a joint income tax return was filed.  
 If the person named in section 1 above is not an individual, I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have the authority to execute this tax information authorization on behalf of the taxpayer.  
 Signature Title, if applicable \_\_\_\_\_  
 Type or print name of person signing this form if not the taxpayer(s) named in section 1 above \_\_\_\_\_  
 Signature Title, if applicable \_\_\_\_\_  
 Type or print name of person signing this form if not the taxpayer(s) named in section 1 above \_\_\_\_\_

Mail to: **NYS TAX DEPARTMENT**  
PO BOX 1000  
W A HARRISON CAMPUS  
ALBANY NY 12227  
Fax number: (518) 435-8406

0281110094

Important: Please see notes enclosed before filling up the details		Single Copy (to be sent to the CA)	
<b>CHALLAN N.R. ITNS 280</b>	<b>Tax Applicable (Tick One) Taxes Imposed by Govt Companies</b> <input type="checkbox"/> <b>(CORPORATION TAX)</b> <b>(B.R.T.) INCOME TAX &amp; OTHER TAXES COMPANIES:</b> <input type="checkbox"/>	<b>Assessment Year</b> <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	
<b>Personal Details:</b>			
<b>Firm Name:</b>			
<b>Complete Address with City &amp; State:</b>			
<b>Tel No.</b>	<b>Type of Payment (Tick One)</b>	<b>Date (DD/MM/YY)</b>	
<b>Advance Tax (100)</b>	<input type="checkbox"/>	<b>Surcharge (102)</b>	
<b>Self Assessment Tax (100)</b>	<input type="checkbox"/>	<b>Tax on Distributed Profits of Domestic Companies (103)</b>	
<b>Tax on Regular Assessment (100)</b>	<input type="checkbox"/>	<b>Tax on Distributed Income to Unit Holders (107)</b>	
<b>DETAILS OF PAYMENT</b>		<b>DETAILS OF RECEIVING BANK</b>	
<b>Income Tax</b>	<b>Date to Adv / Cheque cashed on</b>		
<b>Surcharge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education Cess</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interest</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Penalty</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>	<b>Amount (in Rupees)</b>		
<b>Total amount</b>	<b>Amount (in Rupees)</b>		
<b>Rs. 100/-</b>	<b>100/-</b>	<b>100/-</b>	<b>100/-</b>
<b>Paid in Cash/cheque No.</b>		<b>Bank</b>	
<b>District</b>		<b>Name of the Bank and Branch</b>	
<b>Date:</b>		<b>Re:</b>	
<b>Signature of person making payment</b>			
<b>Taxpayer's Characteristic (to be filled up by tax payer)</b>			
<b>Part</b>	<b>Characteristics</b>		
<b>Received from</b>	<b>(Name)</b>		
<b>Cash/cheque No.</b>	<b>For Rs.</b>		
<b>By (forwards)</b>	<b>Re:</b>		
<b>District</b>	<b>Name of the Bank and Branch</b>		
<b>Amount of Corporation/Unit Holders Company/Tax</b>			
<b>Amount of which is an application</b>			
<b>Type of Payment</b> <input type="checkbox"/> <b>(To be filled up by person making the payment)</b>			
<b>For the Assessment Year</b> <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			
<b>Re:</b>			

SALE ORDER											ORIGINAL COPY		
ABC MAX INDIA SCO 3878 3rd Floor Sec -17A Chandigarh India Ph: 9812345678			 No.1 Easy Billing Solution			Sale Order No MEU/4/2019-20			Sale Date 21-09-2019				
						PO No			Supply Date				
						Payment Term or Type			Supply Type On				
GSTIN DAHFGYTR38675F			PLACE OF BUSINESS 04-Chandigarh						Dispatch Docet No				
			No.1 Easy Billing Solution						Dispatch Mode				
Ship to: <b>Cash Sale</b> SCO 38778 Sec -17 A CHD UT 04-Chandigarh									Buyer Reference No				
									Delivery Note				
									Supplier Ref				
									Reverse Charge N				
SN	Product/Service Name	HNS SAC	SR.NO	Part No	Qty	Unit	MRP	Rate	DISC	GST			Total
										CGST	SGST	IGST	
1	Samsung Smart Phone	2345-65	0		1.00	PCS		9500.00		570.00	570.00		10640.00
Freight/Loading/Unloading /Oth Charges													
Totals:											570.00	570.00	10640.00
E&OE.													
Amount in Words: <b>Rupees Ten Thousand Six Hundred Forty Only</b>													
Bank Name		A/c No			IFSC No.						CGST	570.00	
SBI		30329999			SBIN675444						SGST/UGST	570.00	
Terms & Conditions											IGST		
											TOTAL GST	1140.00	
											GRAND TOTAL		
											10640.00		

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