



INCOME TAX PAYMENT CHALLAN

For 1-Bill Payment through member bank please add prefix 999999 with PSID

PSID # : 1100799352

CTO Islamabad

7 6

2025

Name of LTU/MTU/RTO

LTU/MTU/RTO Code

Tax Year

Nature of Tax Payment

Admitted Income Tax

Misc.

CVT

Month/Year

Demanded Income Tax

Advance Income Tax

Withheld Income Tax (Final)

(only for payment u/s 149)

Withheld Income Tax (Adjustable)

WPPF/WWF

Payment Section

182(A)

Surcharge for ATL

Payment Section Code

920601

(Section)

(Description of Payment Section)

Account Head (NAM)

B01131

Taxpayer's Particulars

(To be filled for payments other than Withholding Taxes)

(To be filled in by the bank)

CNIC/Reg./Inc. No. FTN100000122123662

Taxpayer's Name

REMEDY FOR HEALTH AND EDUCATION FOUNDATION

Status

Business Name

REMEDY FOR HEALTH AND EDUCATION FOUNDATION

Address

House 322, Street 22, Bahria Spring North Phase 7 Bahria Town, Pakistan

FOR WITHHOLDING TAXES ONLY

CNIC/Reg./Inc. No.

Name of withholding agent

Total no. of Taxpayers

Total Tax Deducted

Amount of tax in words:

Twenty Thousand Rupees And No Paisas Only

Rs.

20,000

Modes & particulars of payment

Sr.	Type	No.	Amount	Date	Bank	City	Branch Name & Address
1	ADC (e-payment)		20,000				No Branch

DECLARATION

I hereby declare that the particulars mentioned in this challan are correct.

CNIC of Depositor

Name of Depositor

REMEDY FOR HEALTH AND EDUCATION FOUNDATION

Date



PSID-IT-000193861492-002025

Stamp & Signature

Prepared By : guest_user - Guest_User Date: 20-Feb-2026 05:07 PM

Note: This is an input form and should not be signed/stamped by the Bank. However, a CPR should be issued after receipt of payment by the Bank.