



Government of Sindh
Sindh Revenue Board

Tax Payment Challan Form for Withholding Agent
(Sindh Sales Tax Special Procedure (Withholding) Rules, 2011)

SSTW-04

NTN / FTN

Tax Period

Month Year
 -

Name : _____

Address: _____

Category : _____

Total No. of Service Providers _____

Total Tax Deducted _____

Detail of Taxpayers haven been uploaded on ePortal with ePortal Reference No.xxxxxx

Head of Account (B-02384)

Sindh Sales Tax on Services

Sr No.	Description	Amount
	Sales Tax on Services	
	Additional Tax/Surcharge/Others	
	Arrears	
	Penalty/Fine	
	Total Amount of Payment	

Amount in Words: _____

Mode & Particulars of Payment

Sr.	Type	No.	Amount	Date	Bank	City	Branch Name & Address

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)

[BAR CODE]

[PSID NO.]

Signature of Depositor