

**FORM P-5**  
[See Rule 15]

CHALLAN FOR PAYMENT OF MONEY TO THE GOVERNMENT

(TO BE RETAINED BY THE TREASURY)

IST FOIL

1. Name and address of the dealer:
  2. License No. (If any)
  3. Month to which pertains
  4. Amount deposited
    - (a) Tax .....
    - (b) Interest .....
    - (c) Penalty .....
    - (d) Any other sum .....
- Total in figures .....
- In words .....

Signature of the Depositor

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For use by the Treasury

T.R. No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received Rs. In Figures .....

In words .....

Cashier

Accountant

Signature of the Treasury  
Officer

**FORM P-5**  
[See Rule 15]

CHALLAN FOR PAYMENT OF MONEY TO THE GOVERNMENT

(TO BE FURNISHED TO PETROL TAXATION OFFICER)

2<sup>ND</sup> FOIL

1. Name and address of the dealer:
2. License No. (If any)
3. Month to which pertains
4. Amount deposited
  - (a) Tax .....
  - (b) Interest .....
  - (c) Penalty .....
  - (d) Any other sum .....Total in figures .....
- In words .....

Signature of the Depositor

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For use by the Treasury

T.R. No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received Rs. In Figures .....  
In words .....

Cashier

Accountant

Signature of the Treasury  
Officer

**FORM P-5**  
[See Rule 15]

CHALLAN FOR PAYMENT OF MONEY TO THE GOVERNMENT

(TO BE RETAINED BY THE DEALER)

3<sup>RD</sup> FOIL

1. Name and address of the dealer:

2. License No. (If any)

3. Month to which pertains

4. Amount deposited

(a) Tax .....

(b) Interest .....

(c) Penalty .....

(d) Any other sum .....

Total in figures .....

In words .....

Signature of the Depositor

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For use by the Treasury

T.R. No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received Rs. In Figures .....

In words .....

Cashier

Accountant

Signature of the Treasury  
Officer

**FORM P-5**  
[See Rule 15]

CHALLAN FOR PAYMENT OF MONEY TO THE GOVERNMENT

(TO BE DELIVERED TO PAYER FOR ATTACHMENT WITH THE RETURN)

4<sup>TH</sup> FOIL

- 1. Name and address of the dealer:
- 2. License No. (If any)
- 3. Month to which pertains
- 4. Amount deposited
  - (a) Tax .....
  - (b) Interest .....
  - (c) Penalty .....
  - (d) Any other sum .....
  - Total in figures .....
  - In words .....

Signature of the Depositor

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For use by the Treasury

T.R. No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received Rs. In Figures .....  
In words .....

Cashier

Accountant

Signature of the Treasury  
Officer