

(To be retained in the Treasury)

(Ist foil)

FORM ST-59

[See rule 71 (a)]

CHALLAN FOR DEPOSIT OF TAX DEDUCTED BY
GOVERNMENT DEPARTMENTS ETC. UNDER SECTION
16 (C) OF JAMMU AND KASHMIR GENERAL SALES TAX ACT,1962,
UNDER HEAD 040-SALES TAX.

Name and address of the Department etc.

Amount of tax
(in figures).....

(in words).....

Signature of the payer

Place

Date.....

Official seal of Department/Office.

FOR USE BY THE TREASURY

T.R No.....

Dated.....

Received Rs. (in figures).....

(in words).....

Cashier

Accountant

Treasury officers.

Stamp of Treasury.
(To be forwarded to the Dy. Sales Tax Commissioner by the Treasury)

(2nd foil)

FORM ST-59

[See rule 71 (a)]

CHALLAN FOR DEPOSIT OF TAX DEDUCTED BY
GOVERNMENT DEPARTMENTS ETC. UNDER SECTION
16 (C) OF JAMMU AND KASHMIR GENERAL SALES TAX ACT,1962,
UNDER HEAD 040-SALES TAX.

Name and address of the Department etc.

Amount of tax
(in figures).....

(in words).....

Signature of the payer

Place

Date.....

Official seal of Department/Office.

FOR USE BY THE TREASURY

T.R No.....

Dated.....

Received Rs. (in figures).....

(in words).....

Cashier

Accountant

Treasury officers.

Stamp of Treasury.

(To be given to the payer who shall forward it to the Dy. Sales Tax Commissioner)
(3rd foil)

FORM ST-59

[See rule 71 (a)]

CHALLAN FOR DEPOSIT OF TAX DEDUCTED BY
GOVERNMENT DEPARTMENTS ETC. UNDER SECTION
16 (C) OF JAMMU AND KASHMIR GENERAL SALES TAX ACT, 1962,
UNDER HEAD 040-SALES TAX.

Name and address of the Department etc.

Amount of tax
(in figures).....

(in words).....

Signature of the payer

Place

Date.....

Official seal of Department/Office.

FOR USE BY THE TREASURY

T.R No.....

Dated.....

Received Rs. (in figures).....

(in words).....

Cashier

Accountant

Treasury officers.

Stamp of Treasury.

(To be forwarded to the to the Dy. Sales Tax Commissioner by the Treasury)
(4th foil)

FORM ST-59

[See rule 71 (a)]

CHALLAN FOR DEPOSIT OF TAX DEDUCTED BY
GOVERNMENT DEPARTMENTS ETC. UNDER SECTION
16 (C) OF JAMMU AND KASHMIR GENERAL SALES TAX ACT,1962,
UNDER HEAD 040-SALES TAX.

Name and address of the Department etc.

Amount of tax
(in figures).....

(in words).....

Signature of the payer

Place

Date.....

Official seal of Department/Office.

FOR USE BY THE TREASURY

T.R No.....

Dated.....

Received Rs. (in figures).....

(in words).....

Cashier

Accountant

Treasury officers.

Stamp of Treasury.