

**Form No. 27A**

Form for furnishing information with the statement of deduction / collection of tax at source (tick whichever is applicable) filed on computer media for the period Q2
(From 01/07/21 to 30/09/21 (dd/mm/yy)#)

1 (a) Tax Deduction Account No. (d) Financial Year
 (b) Permanent Account No. (e) Assessment year
 (c) Form No. (f) Previous receipt number
 (In case return/statement has been filed earlier)

2 Particulars of the deductor / collector

(a) Name	MEA NURSERY SCHOOL
(b) Type of deductor*	ASSOCIATION OF PERSON (TRUST)
(c) Branch / division (if any)	STELLA MARIS CONVENT
(d) Address	
Flat No.	23
Name of the premises/building	
Road / street / lane	GAYATHRI DEVI PARK EXTN.
Area / location	VYALIKAVAL
Town / City / District	BENGALURU
State	KARNATAKA
Pin code	560003
Telephone No.	-
E-mail	MEANURSERY2017@GMAIL.COM

3 Name of the person responsible for deduction / collection of tax

(a)Name	IRENE COLACO
(b)PAN	ARSPC6211C
(c)Address	
Flat No.	23
Name of the premises/building	
Road / street / lane	GAYATHRI DEVI PARK EXTN.
Area / location	VYALIKAVAL
Town / City / District	BENGALURU
State	KARNATAKA
Pin code	560003
Telephone No.	-
E-mail	MEANURSERY2017@GMAIL.COM

4 Control totals

Sr. No.	Return Type (Regular / Correction type)	No. of deductee / party records	Amount paid (₹)	Tax deducted / collected (₹)	Tax deposited (Total challan amount) (₹)
1	REGULAR	3	100000.00	3700.00	3700.00
Total		3	100000.00	3700.00	3700.00

5 Total Number of Annexures enclosed 6 Other Information **VERIFICATION**I, IRENE COLACO, hereby certify that all the particulars furnished above are correct and complete.

Place: BENGALURU

Signature of person responsible for deducting / collecting tax at source _____

Date: 12/10/2021

Name and designation of person responsible for deducting / collecting tax at source IRENE COLACO, HEADMISTRESS

* Mention type of deductor - Government or Others

dd/mm/yy :- date/month/year