

## MONTHLY STATEMENT BY PAYMENT INTERMEDIARY AGAINST DIGITALLY ORDERED GOODS

### Particulars of Withholding Agent

NTN/ STRN \_\_\_\_\_ Name \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail \_\_\_\_\_

### Details of supplier-wise amount withheld during the Month

Sr.	Date of Payment dd/mm/ yyyy	Particulars of supplier from whom Sales tax Withheld			Particulars of Payment Made			Particulars of Tax Paid		
		CNIC/ NTN/ STRN	Name	Address	Invoice Number	Invoice Value	Payment received through Payment Intermediary	Amount of Tax Deducted	Amount of Tax Deposited	CPR Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
<b>TOTAL</b>										

<b>Verification</b>	I holder of NTN _____, in my capacity as _____ do hereby solemnly declare that to the best of my knowledge and belief the information given in this Monthly Statement is correct, complete and in accordance with the provisions of the Sales Tax Act, 1990 and Sales Tax Rules, 2006 and notifications issued thereunder.
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Date \_\_\_\_\_ (dd/mm/yyyy)

Stamp

Signature