

DLN	
Received Date	

Senior Citizen Refund Voucher Form

- Name:**
- TIN:**, **NIC/ Passport Number:**
- Address:**
.....
- Refund Claim Received Date:**
- Year of Assessment:** **Quarter ending:**
- Calculation of Refundable Amount**

Sources of Income	Cages	Income of the Relevant Quarter									
		Amount – Rs.								Cents	
Employment	10										
Business	20										
Investment - Interest	30										
Other Income	40										
Total Income (10+20+30+40)	50										
Refund Claim - Total Deducted AIT	60										
Refund already issued for the Y/A	60A										

- Approved Refund Amount (in words):**
.....
- Bank Account Details**
Bank: **Bank Code:**
Branch: **Branch Code:**
Account Number:

Prepared By MSO	Checked by ACIR/DCIR/SDCIR of the Subject	Approved by CIR	Certified by CA/Acct. R & RF

9. Payment Details

The above amount has been transferred to the above Bank Account on by using the slip method.

Date:

.....
Accountant
(Revenue & Refund)