#### FORM NO. 49B

[See sections 203A and rule 114A]

# Form of application for allotment of Tax Deduction and Collection Account Number under section 203A of the Income-tax Act, 1961

Tο

The Assessing Officer (TDS/TCS)

Assessing Officer	
Code (TDS/TCS)	
Area Code	
AO Type	
Range Code	
AO Number	

## Sir,

Whereas I/we am/are liable to deduct/collect tax or deduct tax and collect tax in accordance with Chapter XVII under the heading 'B.-Deduction at source/BB.-Collection at source' of the Income Tax Act, 1961;

And whereas no tax deduction account number/tax collection account number or tax deduction account number and tax collection account number has been allotted to me/us; I/we give below the necessary particulars:

1. Name (Fill only one of the columns 'a' to 'h' whichever is applicable)

## (a) Central/State Government

Tick the appropriate entry

Central Government Local Authority (Central Government)
State Government Local Authority (State Government)

Name of Office Name of Organisation Name of Department Name of Ministry

Designation of person responsible for making

payment/collecitng tax

## (b) Statutory/autonomous bodies

Tick the appropriate entry
Statutory Body Autonomous Body
Name of Office
Name of Organisation

Designation of person responsible for making payment/collecting tax

#### (c) Company

Tick the appropriate entry

Central Government Company State Government

Other Company

Tick (M/s) (Tick, if applicable)

Name of Company

Designation of principal officer or any officer responsible for making payment/collecting tax

## (d) Branch/Division of a Company

Tick the appropriate entry

Central Government Company State Government

Other Company

Tick (M/s) (Tick, if applicable)

Name of Company

Name of Division

Name/Location of Branch

Designation of principal officer or any officer

# (e) Individual/Hindu Undivided Family (Karta)

Tick the appropriate entry

Individual Hindu undivided Family

Title (Tick the appropriate entry for individual)

Shri Smt. Kumari Last Name/Surname

First Name Middle Name

# (f) Branch of Individual Business (Sole proprietorship concern)/Hindu undivided Family (Karta)

Tick the appropriate entry

Branch of individual business Branch of Hindu undivided Family

Title (Tick the appropriate entry for individual)

Kumari Shri Smt.

Last Name/Surname

First Name

Middle Name

Name/Location of branch

## (g) Firm/Association of persons/Association of persons (Trusts)/Body of Individuals/Artificial Juridical Person

Name

# (h) Branch of Firm/Association of persons/Association of persons (Trusts)/Body of individuals/Artificial Juridical person

Name of Firm/Association of persons/Association of persons (Trusts)/Body of individuals/Artificial Juridical

person

Name/Location of branch

#### 2. Address

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality Taluka/Sub-Division

Town/Citv/District

State/Union Territory

Pin

Telephone No. STD Code Telephone No.

Email Id

(a)

(b)

## 3. Nationality (Tick the appropriate entry)

Indian Foreign

Permanent Account Number (PAN)

Existing Tax Deduction Account Number (TAN)

Existing Tax Collection Account Number (TCN)

Date:

Signed (Applicant)

## Verification

I/We in my/our capacity as do hereby declare that what is stated above is true to the best of my/our knowledge and belief.

Verified today, the at

Signature/Left Thumb Impression of Applicant