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

То																		
The Assessing Officer (ΓDS/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' or 'BBCollection at source' of the ncome-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;																		
account number and tax co	llection account nu	mber	has	been	allott	ed to	o m	ie/us	3;									
I/we give below the necessar	ary particulars:																	
[Please refer to the instructi	ons before filling u	p the	form]														
1. Name (Fill only one of the	e columns 'a' to 'h'	which	never	is ap	plica	ble.))											
a. Central / State Governn Tick the appropriate entr																		
Central Government			Loc	al Au	thorit	y (C	ent	ral G	Sov	ern	me	nt)						
State Government			Loc	al Au	thorit	y (S	tate	Go	ver	nm	ent))						
Name of Office	Γ											1						
	-																	
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Name of Organization																		
Name of Department	Γ																	Ē
	Ĺ																	<u> </u>
Name of Ministry																		
Designation of person	Γ																	
responsible for making	payment/																	
collectiog tax	-																	
-	L											<u> </u>						<u></u>
b. Statutory/autonomous b																		
Tick the appropriate entr	y		Λ4	on o ==	o	الما										_		
Statutory Body	L		Aut	onom	ous I	Boay	y								Ш			

Name of Office																			
Name of Organization																			
Designation of person																			一
responsible for making payment/																			
collecting tax																			
c. Company : (See Note 1)																			
Tick the appropriate entry																			
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																		
Title (M/s.) (Tick, if applicable)																			
Name of Company																			
Designation of person																		·	\equiv
responsible for making payment/			<u> </u>					<u> </u>											
collecting tax								1			ı			ı					
d. Branch/Division of a Company :																			
Tick the appropriate entry		\neg	01-													_			
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																		
Title (M/s.) (Tick, if applicable)																			
Name of Company																			П
Name of Division																			\exists
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		<u> </u>		l .					<u> </u>		<u> </u>		<u> </u>						
Name/Location of Branch																			
Designation of person																			\Box
responsible for																			
making payment/collecting tax									•		•								
e. Individual/Hindu Undivided Family (Karta 2)	a) (Se	ee N	Vote	•															
Tick the appropriate entry																			
Individual			Hin	du ı	und	ivide	ed f	ami	ly										
Title (Tick the appropriate entry for individu	al)																		
Shri Smt.							K	uma	ari	•			ı				,		
Last Name/Surname																			
First Name																			
Middle Name																			一

f. Branch of Individual Business (Sole propried Tick the appropriate entry	etors	ship	conc	ern)/Hi	ndu	Un	divi	ded	Far	nily	(Ka	arta)					
Branch of individual business		Br	anch	of	Hin	du ι	ındi	vide	ed fa	amil	y								
Individual/Hindu undivided family (karta) Title (Tick the appropriate entry for individual)	١																		
Shri Smt.								ari											
Last Name/Surname																			
First Name																			
Middle Name																			
Name/Location of Branch																			
g. Firm/Association of persons/ association of Note 3)	of pe	ersor	ıs (tr	usts	s)/ b	ody	of	indi	vidu	ıal/a	rtifi	cial	juri	dica	al pe	erso	n (S	See	
Name																			
h. Branch of firm/association of persons/ass	ooio	tion	of no	roo	no /	truo	to\/	hod	v of	ind	ivid	uol	/orti	ficio	d i	ridic			
person	UCIA	lion	oi pe	:150	115 (แนธ	15)/	bou	y Oi	IIIu	iviu	uai	alli	IICIa	ıı jui	iuic	iai		
Name of firm/association of persons/																			
association of persons (trusts)/																			
body of individual/artificial juridical person																			
Name/Location of Branch																			
																<u> </u>	<u> </u>		<u> </u>
2. Address																			
Flat/Door/Block No.																	·		
Name of Premises/Building/Village																			
Road/Street/Lane/Post Office													<u> </u>						
 Area/Locality Taluka/Sub-Division		<u> </u>			<u> </u> 								<u> </u> 	<u> </u> 					<u> </u>
Town/City/District		<u> </u>	<u> </u> 	<u> </u>									<u> </u> 	<u> </u> 		<u> </u>	<u></u>		<u></u>
State/Union Territory		<u> </u>	1													<u> </u>	<u> </u>		
PIN			1		<u> </u>														<u> </u>
(Indicating PIN is mandatory)																			
		- .							-							_			
Telephone No. STD Code		No.	pho	ne															
e-mail ID (a) (b)																			
3. Nationality (Tick b the appropriate entry)			Ir	ndia	ın		1		F	ore	eign					_	<u> </u>		
4. Permanent Account Number (PAN)								<u> </u>								<u>_</u>	<u></u>	╛	
5. Existing Tax Deduction Account Number (•	-										\perp			\perp	\perp	_	
6. Existing Tax Collection Account Number (TCN), if any								<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>		_		Ц	
7. Date (DD-MM-YYYY)									-		-								

Signed (Applicant)

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l/we i	n my/c	our (capacit	y as				do h	ereby	decla	re tha	at wha	ıt is s	tated
above is true to the best Verify today, the	of my/	our	knowle -	edge	and I	belie -	f]			
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(Signature/Left Thumb Impression of Applicant)