

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

To
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/collecting 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

responsible for making payment/collecting tax

(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)

Shri Smt. Kumari

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/City/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
best of my/our knowledge and belief.

do hereby declare that what is stated above is true to the

Verified today, the at

.....
Signature/Left Thumb Impression of Applicant