

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' or '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:

[Please refer to the instructions before filling up the form]

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 Organization

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 Organization

Designation of person responsible for making payment/collecting tax

c. Company : (See Note 1)

Tick the appropriate entry

Central Government Company/Company established by a Central Act State Government Company/Company established by a State Act

Other Company

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

Name of Company

Designation of person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

responsible for making payment/collecting tax

d. Branch/Division of a Company :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 individual/artificial juridical person (See Note 3)

Name

h. Branch of firm/association of persons/association of persons (trusts)/body of individual/artificial juridical person

Name of firm/association of persons/ association of persons (trusts)/ body of individual/artificial juridical person

Name/Location of Branch

2. Address

Flat/Door/Block No.

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Name of Premises/Building/Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Road/Street/Lane/Post Office

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area/Locality Taluka/Sub-Division

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/City/District

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Union Territory

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PIN

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(Indicating PIN is mandatory)

Telephone No. STD Code

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 Telephone No.

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e-mail ID (a)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b)

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3. Nationality (Tick b the appropriate entry)

Indian		Foreign	
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4. Permanent Account Number (PAN)

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5. Existing Tax Deduction Account Number (TAN), if any

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6. Existing Tax Collection Account Number (TCN), if any

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7. Date (DD-MM-YYYY)

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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.

Verify today, the

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D D M M Y Y Y Y

(Signature/Left Thumb
Impression of Applicant)

Note:

1. This column is applicable only if a single TAN is applied for the whole company. If separate TAN is applied for different divisions/branches, please fill details in (d).
2. For branch of individual business/Hindu undivided family, please fill details in (f).
3. For branch of firm/AOP/AOP (Trust)/BOI/artificial juridical person, please fill details in (h).
4. *Delete whichever is inapplicable.