FORM NO. 49A

(FORM NO. ITS 49A)

Application for allotment of Permanent Account Number under section 139A of the Income-tax Act, 1961

[To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up of the form]

To
The Assessing Officer,

Only 'Individuals' to affix recent photograph (3.5 cm X 2.5 cm)

	Area Code	AO Type	Range Code	AO No.
Ward/Circle				
Range				
Commissioner				

_____
Signature/Left Thumb Impression

Sir,
I/We hereby request that a permanent account number be allotted to me/us.

I/We give below the necessary particulars:-

1. Full Name (Full expanded name : initials are not permitted)
Please Tick ✓ as applicable Shri ☐ Smt. ☐ Kumari ☐ M/s ☐
Last Name/Surname First Name
Middle Name

2. Name you would like printed on the card

3. Have you ever been known by any other name? Please Tick ✓ as applicable Yes ☐ No ☐
If yes, please give other name
(Full expanded name : initials are not permitted) Shri ☐ Smt. ☐ Kumari ☐ M/s ☐
Last Name/Surname First Name
Middle Name

4. Father's Name (Only 'Individual' applicants : Even married women should give father's name only)
Last Name/Surname First Name
Middle Name

5. Address
R. Residential Address
Flat/Door/Block No.
Name of Premises/Building/Village
Road/Street/Lane/Post Office

indlaw.com

Area/Locality/Taluka/Sub-Division

Town/City/District State/Union Territory PIN

(Indicating PIN is mandatory)

O. Office Address (Name of Office)

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

(Indicating PIN is mandatory)

6. Address for communication. Please Tick ✔ as applicable R ☐ or O ☐

7. Tel. No. STD Code Tel. No. e-mail ID

8.. Sex (For 'Individual' Applicants only) Please Tick ✔ as applicable Male ☐ Female ☐

9. Status of the Applicant Please Tick ✔ as applicable

Individual	P	
Hindu Undivided Family	H	
Company	C	
Firm	F	
Association of Persons	A	
Association of Persons (Trusts)	T	
Body of Individuals	B	
Local Authority	L	
Artificial Juridical Person	J	

10. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/Associations of Persons D D - M M - Y Y Y Y

11. Registration Number (In case of Firms, Companies etc.)

12.. Whether citizen of India? Please Tick ✔ as applicable Yes ☐ No ☐

13(*a*) Are you a salaried employee? If yes, indicate Government ☐ Others ☐

Name of the Organisation where working

(*b*) If you are engaged in a business/profession, indicate nature of business or profession and fill the relevant code

(*c*) If you are not covered by (*a*) or (*b*) above, indicate sources of income, if any

14. Full name, address of the representative assessee, who is assessable under the Income-tax Act in respect of the person, whose particulars have been given in columns 1 to 13.

Full Name/Full expanded name : initials are not permitted) Please Tick ✔ as applicable

Shri ☐ Smt. ☐ Kumari ☐ M/s ☐

Last Name/Surname First Name

Middle Name

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

_____

(Indicating PIN is mandatory)

15. I/We have enclosed _____ as proof of identity and _____ as proof of address

I/We _____ the applicant, do hereby declare that what is stated above is true to the best of my/our information and belief.

Verified today, the D D - M M - Y Y Y Y

Signature/Left Thumb Impression of Applicant (inside the box)