Form No. 49A

Form No. ITS 49A

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STD Code Tel. No.
7. Tel. No.
email ID
8. Sex (For 'Individual' Applicants only) Please Tick 🖌 as applicable Male 🗌 Female
9. Status of the Applicant Please Tick 🖌 as applicable
Individual P Firm F Body of Individuals B
Hindu Undivided Family H Association of Persons A Local Authority L
Company C Association of Persons (Trusts) T Artificial Juridical Person J
10. Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals / Association of Persons D M M 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
L 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 column 1 to 13. Full Name (Full expanded name : initials are not permitted) Please tick 🗸 as applicable Shri Smt. Kumari M/s
Last Name / Surname
Address
Flat/Door/Block No.
Name of Premises / Building / Village
Road / Street / Lane / Post Office
Area / Locality / Taluka / Sub - Division
Town / City / District Pin
(Indicating PIN is mandatory)
15. I/We have enclosed as proof of identity and as proof of address. as
I/We, the applicant, do hereby declare that
what is stated above is true to the best of my / our information and belief.
Signature / Left Thumb Impression of Applicant (inside the box)