

FORM NO. 49B

[See section 203A and rules 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 instruction before filling up the form]

1. Name (Fill only one of the columns 'a' to 'h' whichever is applicable)

- (a) Central / State Government: **Not Applicable**
 Tick the appropriate entry
 Central Government Local Authority (Central)
 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/Local Authorities: **Not Applicable**
 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) **Not Applicable**
 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

Name of Division

Designation of person responsible for *making payment/collecting tax

- (d) Branch/Division of a company: **Not Applicable**
 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

Name of Division

Name / Location of Branch

Designation of person responsible for *making payment/collecting tax

- (e) Individual / Hindu Undivided Family (Karta) (See Note 2) **Not Applicable**

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) **Not Applicable**

Tick the appropriate entry
 Branch of Individual business Branch of Hindu undivided family
 Individual/Hindu undivided family (karta) 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 judicial Person (See Note 3) **Not Applicable**

Name

(h) Branch of firm/association of persons/association of persons (trusts)/body of individual/artificial judicial Person **Not Applicable**

Name of firm/association of persons/association of persons (trusts)/body of individual/ artificial Judicial 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 Code

Telephone No.(STD Code & Tel. No.)

3. Nationality of Deductor (Tick the appropriate entry)

Indian Foreign

4. Permanent Account Number (PAN)

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

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

7. Date (DD-MM-YYYY)

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.

Verified today, the - -

Signature/Left Thumb Impression of Applicant