# Form No. 49B

[See section 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

#### Assessing Officer (TDS / TCS)

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Assessing Offi	cer Code (TDS / TCS)
Area code	
АО Туре	
Range Code	
AO Number	

#### Sir,

Whereas \*I/we \*am/are liable to \*deduct/collect 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 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 State Government Local Authority (Central Govt.)														
	Local Authority (State Govt.)														
Name of Office															
Name of Organisation															
Name of Department															
Name of Ministry															
Designation of the 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 the person responsible															
for * making payment / collecting tax															

Τo,

## (c) Company (See Note 1) :

Tick the appropriate entry												Government Company/CorporationOtherestablished by a State ActCompany													у
Title (M/s) (tick if applicable)				-											-										-
Name of Company																									
									1																
Designation of the person responsible																									
for * making payment / collecting tax									I																
(d) Branch/Division of a Company:	Car	~ <b>~~</b> ~					Cor		tion		_	Car	~~~~		+ 04			Cor		tion		0	thor		-
Tick the appropriate entry	Gov esta								ation				ernr blisł						pora	ation			ther omp	bany	
Title (M/s) (tick if applicable)																									
Name of Company																									
Name of Division																									
News // a selfer of Decesh																									
Name/Location of Branch																									
Designation of the person responsible for * making payment / collecting tax																									
(e) Individual / Hindu Undivided Family (K	arta)	- (S	See	Not	e 2)	:																			
Tick the appropriate entry	Indiv	/idu	al [			Н	indu	ı Un	divio	ded	Fan	nily													
Title (tick the appropriate entry for individ	lual)			Shr	i				Sm	it. 🗌				Kι	uma	ri [									
Last Name / Surname																									
First Name																									
Middle Name																									
(f) Branch of Individual Business (Sole pr	opriet	tors	hip	cor	ncer	<b>'n)</b> /	Hind	du l	Jndi	vide	ed F	am	ily (	Kar	ta)										
Tick the appropriate entry	Brar	nch	of Ir	idivi	idua	l bu	sine	SS			E	Bran	ich d	of Hi	indu	Un	divic	led	Fam	nily [					
Individual/ Hindu Undivided Family (Karta	a):																			-					
Title (tick the appropriate entry for individ	lual)			Shri					Sm	ıt. 🗌				Kι	uma	ri 🗌									
Last Name / Surname																									
First Name																									
Middle Name																									
Name/Location of branch																									
(g) Firm / Association of Persons / Associ	iation	of	Pers	ion	s (T	rust	s) /	Во	dy o	of In	divi	dua	ls /	Arti	ficia	al Ju	ıridi	cal	Per	son	(Se	e N	lote	3):	
Name																									
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## (h) Branch of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:

	Name of Firm / Association of Persons / A	SSOC	iatio	on o	f Pe	rsor	ns ( <sup>-</sup>	Trus	ts) /	Boo	dy o	f Inc	livid	uals	/ A	rtific	ial .	Juric	lica	l Pe	rsor	1:				
	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.	STE	) Co	ode								Pho	one l	No.												
	e-mail IDs a)																									
	b)																									
3	Nationality of Deductor (Tick the appropria Indian	te e	ntry	1) ]			-												-							
	Foreign			]																						
4	Permanent Account Number (PAN) - (speci	fy wi	here	ever	app	lical	ble)																			
5	Existing Tax Deduction Account Number (A	if an	v)																							
		-																								
6	Existing Tax Collection Account Number (i	f ang	()																							
7	Date (DD-MM-YYYY)																Γ									
																			Sic		4 (/	nnl		at)		
		Verification												Signed (Applicant)												
	We, in my/ the best of my/our knowledge and belief.		cap	acit	y a	s						dc	he he	reb	y d	ecla	ire	that	t wł	nat	is s	tate	d a	bov	e is	s true
Ve	erified today the	1		1																						

Notes :

1 This column is applicable only if a single TAN is applied for the whole company. If separate TANs are applied for different divisions/branches, please fill details in (d).

(Signature/Left Thumb Impression of Applicant)

2 For branch of Individual business/Hindu Undivided Family, please fill details in (f).

dd mm yyyy

at .....

- 3 For branch of firm/Association Of Persons/Association Of Persons (Trust) / Body Of Individuals/Artificial Juridical Person, please fill details in (h).
- 4 \* Delete whichever is inapplicable.