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   State Government Comp any/Company
established by a Central Act   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 :
Tick the appropriate entry

Central Government Company/Company   State Government Comp any/Company
established by a Central Act   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)
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)
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 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.   _____

    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)

Telephone No.   STD Code _____ Telephone No. _____
e-mail ID   (a)
                              (b) _____

3. Nationality (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.

Verify today, the

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.