## 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

## То

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 State Government

Statutory Body

Local Authority (Central Government) Local Authority (State Government)



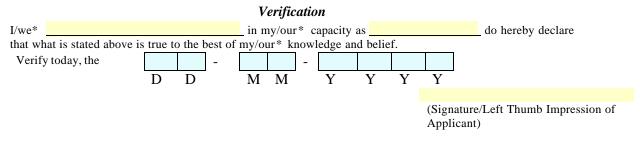
| Name of Office   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Organization   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Department   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Ministry   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Designation of person  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| responsible for making payment/                              |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| collecting tax   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| b. Statutory/autonomous bodies<br>Tick the appropriate entry |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Statutory Body   | Autonomous Body |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| Name of Office  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|---|------|-----|------|------|-------|------|------|--------------|-----|------|-----|-----|--|---|---|--|--|--|--|--|
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Name of Organization  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      | 1            |     |      |     |     |  | 1 | 1 |  |  |  |  |  |
| Designation of person   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| responsible for making payment/   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| collecting tax  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| c. Company : (See Note 1)<br>Tick the appropriate entry                             |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Central Government Company/Company<br>established by a Central Act<br>Other Company |      |     |      |      |       |      |      | Com<br>ate A |     | ıy/C | omp | any |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Title (M/s.) (Tick, if applicable)  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Name of Company   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Designation of person   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| responsible for making payment/<br>collecting tax                                   |      |     |      |      |       |      |      |              |     |      |     |     |  | - |   |  |  |  |  |  |
| d. Branch/Division of a Company :   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Tick the appropriate entry  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Central Government Company/Company<br>established by a Central Act<br>Other Company |      |     |      |      |       |      |      | Com<br>ate A |     | ıy/C | omp | any |  |   |   |  |  |  |  |  |
| Title (M/s.) (Tick, if applicable)  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Name of Company   |      |     |      |      |       |      |      |              |     |      |     |     |  | 1 |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Name of Division  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Name/Location of Branch   |      |     |      |      |       |      |      | I            |     |      |     |     |  | 1 | I |  |  |  |  |  |
| Tunie/Location of Branch  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Designation of person   |      |     |      |      |       |      |      |              |     | <br> |     |     |  |   |   |  |  |  |  |  |
| responsible for   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| making payment/collecting tax   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| e. Individual/Hindu Undivided Family (Karta)  | (See | Not | e 2) |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Tick the appropriate entry  | (    |     | /    |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Individual  |      |     | Hin  | du u | Indiv | vide | d fa | mily         | 7   |      |     |     |  | _ |   |  |  |  |  |  |
| Title (Tick the appropriate entry for individual                                    | l)   |     |      |      |       |      |      | )            |     |      |     |     |  |   |   |  |  |  |  |  |
| Shri Smt.   | ·    | Γ   |      |      |       |      | K    | uma          | ıri |      |     | Г   |  |   |   |  |  |  |  |  |
| Last Name/Surname   |      |     |      |      |       |      | -    |              |     |      |     |     |  |   |   |  |  |  |  |  |
| First Name  |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
| Middle Name   |      |     |      |      |       |      |      |              |     |      |     |     |  |   |   |  |  |  |  |  |
|   |      |     |      |      |       |      |      | 1            |     |      |     |     |  |   | 1 |  |  |  |  |  |

Tick the appropriate entry

| Branch of individual business   |       |      | Bra   | nch   | of H | lind  | ndu undivided family |       |       |       |       |      |              |       |         |          |          |      |          |
|---|-------|------|-------|-------|------|-------|----------------------|-------|-------|-------|-------|------|--------------|-------|---------|----------|----------|------|----------|
| Individual/Hindu undivided family (karta)   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         | _        |          |      |          |
| Title (Tick the appropriate entry for individual)                                       |       |      |       |       |      |       | V                    |       | :     |       |       |      |              |       |         |          |          |      |          |
| Shri Smt.   |       |      |       |       |      |       | K                    | uma   | .rı   |       |       |      |              |       |         |          | <u> </u> |      |          |
| Last Name/Surname   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      | <u> </u> |
| First Name  |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| Middle Name   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| Name/Location of Branch   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      | l        |
|   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      | ł        |
| g. Firm/Association of persons/ association of  | perso | ons  | (trus | sts)/ | bod  | ly of | ìnc                  | livid | ual/  | arti  | ficia | l ju | ridio        | cal p | erson ( | See      | Note     | e 3) |          |
| Name  |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         | <u> </u> |          |      | <u> </u> |
| h Durach of firms / istical of a  |       | f    |       |       | ( )  |       | /1                   | 1     | C 1   | 1::   | 1     | /    | <b>f</b> :_: | .1 :  |         |          |          |      | 1        |
| h. Branch of firm/association of persons/associ<br>Name of firm/association of persons/ | atior | 1 01 | pers  | sons  | (tru | ists) | /000                 | 1y 01 | i inc | 11V10 | jual  | arti | T1C1         | ai ju | ridical | perso    | on       |      |          |
| association of persons (trusts)/  |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| body of individual/artificial juridical person  | -     |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| Name/Location of Branch   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      | <u> </u> |
|   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| 2. Address  |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         | 1        |          |      |          |
|   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| 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)   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
|   | _     | -    |       |       |      | r     |                      |       |       |       |       |      |              | _     |         | _        |          |      |          |
| Telephone No. STD Code  |       | Т    | elep  | hon   | e No | ).    |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| e-mail ID (a)<br>(b)  | -     |      |       | -     | _    | -     |                      |       | _     |       |       |      |              |       |         | _        |          |      |          |
| <b>3.</b> Nationality (Tick $\checkmark$ the appropriate entry)                         |       |      |       | Ir    | ndia | n     |                      |       |       | I     | Fore  | ign  |              |       |         | _        |          |      |          |
| 4. Permanent Account Number (PAN)   |       |      |       |       |      |       |                      |       |       |       |       |      |              |       |         | Т        | T        |      |          |
| <b>5.</b> Existing Tax Deduction Account Number (TA                                     | AN).  | if a | ny    |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| 6. Existing Tax Collection Account Number (T  |       |      | •     |       |      |       |                      |       |       |       |       |      |              |       |         |          |          |      |          |
| 7. Date (DD-MM-YYYY)  |       |      |       |       |      |       |                      |       | -     |       |       |      | -            |       |         | T        |          |      |          |

Signed (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.