

Office Address Name of office Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory																
Pincode / Zip code Country Name <input type="text"/>																
8 Address for Communication <input type="checkbox"/> Residence <input type="checkbox"/> Office (Please tick as applicable)																
9 Telephone Number & Email ID details Country code Area/STD Code Telephone / Mobile number <input type="text"/> <input type="text"/> <input type="text"/> Email ID <input type="text"/>																
10 Status of applicant Please select status, <input checked="" type="checkbox"/> as applicable <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Individual</td> <td style="width: 25%;"><input type="checkbox"/> Hindu undivided family</td> <td style="width: 25%;"><input type="checkbox"/> Company</td> <td style="width: 25%;"><input type="checkbox"/> Partnership Firm</td> <td style="width: 25%;"><input type="checkbox"/> Government</td> </tr> <tr> <td><input type="checkbox"/> Trusts</td> <td><input type="checkbox"/> Body of Individuals</td> <td><input type="checkbox"/> Local Authority</td> <td><input type="checkbox"/> Artificial Juridical Persons</td> <td><input type="checkbox"/> Association of Persons</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Limited Liability Partnership</td> </tr> </table>		<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government	<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons					<input type="checkbox"/> Limited Liability Partnership
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11 Registration Number (for company, firms, LLPs etc.) <input type="text"/>																
12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA Please mention your AADHAAR number (if allotted) <input type="text"/> If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form <input type="text"/> Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form <input type="text"/>																
13 Source of Income Please select, <input checked="" type="checkbox"/> as applicable <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Salary</td> <td style="width: 25%;"><input type="checkbox"/> Capital Gains</td> </tr> <tr> <td><input type="checkbox"/> Income from Business / Profession</td> <td><input type="checkbox"/> Income from Other sources</td> </tr> <tr> <td><input type="checkbox"/> Income from House property</td> <td><input type="checkbox"/> No income</td> </tr> </table>		<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Income from Business / Profession	<input type="checkbox"/> Income from Other sources	<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income									
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<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income															
14 Representative Assessee (RA) Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13. Full Name (Full expanded name : initials are not permitted) Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s Last Name / Surname <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>																
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15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB) I/We have enclosed <input type="text"/> as proof of identity, <input type="text"/> as proof of address and <input type="text"/> as proof of date of birth. [Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable] [Annexure A, Annexure B & Annexure C are to be used wherever applicable]																
16 I/We <input type="text"/> , the applicant, in the capacity of <input type="text"/> do hereby declare that what is stated above is true to the best of my/our information and belief.																
Place : <input type="text"/> Date : <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <div style="text-align: right; margin-top: -20px;"> Signature / Left Thumb Impression of Applicant (inside the box) </div>																