

State / Union Territory	Pincode / Zip code	Country Name
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">8 Address for Communication</div> <div style="width: 15%;">Residence</div> <div style="width: 52%;">Office <small>(Please tick as applicable)</small></div> </div>		
9 Telephone Number & Email ID details		
Country code	Area/STD Code	Telephone / Mobile number
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Email ID <div style="border: 1px solid black; width: 500px; height: 20px;"></div>		
10 Status of applicant		
Please select status, <input type="checkbox"/> as applicable <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Individual <input type="checkbox"/> Trusts </div> <div> <input type="checkbox"/> Hindu undivided family <input type="checkbox"/> Body of Individuals </div> <div> <input type="checkbox"/> Company <input type="checkbox"/> Local Authority </div> <div> <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Artificial Juridical Persons </div> <div> <input type="checkbox"/> Government <input type="checkbox"/> Association of Persons <input type="checkbox"/> Limited Liability Partnership </div> </div>		
11 Registration Number (for company, firms, LLPs, etc.)		
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
12 In case of a citizen of India, then		
Please mention your AADHAAR number (if allotted) <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
13 Source of Income		
Please select status, <input type="checkbox"/> as applicable <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Salary <input type="checkbox"/> Income from Business / Profession <input type="checkbox"/> Income from House property </div> <div> Business/Profession code <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <small>(For Code: Refer instructions)</small> </div> <div> <input type="checkbox"/> Capital Gains <input type="checkbox"/> Income from Other sources <input type="checkbox"/> No income </div> </div>		
14 Representative Assessee (RA)		
Full name, address of the Representative Assessee, who is assessable 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 type="checkbox"/> as applicable <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s </div>		
Last Name / Surname <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
First Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Middle Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Address		
Flat/Room/ Door / Block No. <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Name of Premises/ Building/ Village <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Road/Street/ Lane/Post Office <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Area / Locality / Taluka/ Sub- Division <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Town / City / District <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
State / Union Territory <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
Pincode <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)		
I/We have enclosed <div style="border: 1px solid black; width: 150px; height: 20px;"></div> as proof of identity and <div style="border: 1px solid black; width: 150px; height: 20px;"></div> as proof of address. <small>(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)</small>		
16 I/We <div style="border: 1px solid black; width: 150px; height: 20px;"></div> , the applicant, in the capacity of <div style="border: 1px solid black; width: 150px; height: 20px;"></div> do hereby declare that what is stated above is true to the best of my/our information and belief.		
<div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div> Place <div style="border: 1px solid black; width: 150px; height: 20px;"></div> Date <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 150px; height: 100px; position: relative;"> <div style="position: absolute; bottom: 10px; right: 10px;">Signature / Left Thumb Impression of Applicant (inside the box)</div> </div> </div>		