

[See sections 203A and rule 114A]

To

The Assessing Officer (TDS/TCS)

Assessing Officer	
Code (TDS/TCS)	
Area Code	
AO Type	
Range Code	
AO Number	

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;

[Please refer to the instructions before filling up the form]

**1. Name** (Fill only one of the columns 'a' to 'h' whichever is applicable.)

Tick the appropriate entry

10

Local Authority (Central Government)

1


Local Authority (State Government)


[illegible][illegible][illegible][illegible][illegible]

Tick the appropriate entry

10

## Autonomous Body

7

[illegible][illegible][illegible]

10

7


11

[illegible][illegible][illegible]

10

10


11

[illegible][illegible][illegible][illegible]

10

10



10

[illegible][illegible][illegible]

Tick the appropriate entry

Branch of individual business	<input type="checkbox"/>	Branch of Hindu undivided family	<input type="checkbox"/>
Individual/Hindu undivided family (karta)			
Title (Tick the appropriate entry for individual)			
Shri	<input type="checkbox"/>	Smt.	<input type="checkbox"/>
		Kumari	<input type="checkbox"/>
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	<input type="checkbox"/>	Foreign	<input type="checkbox"/>
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.