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 (TD) | S/TCS) | | | | | | | | | | | | | | | | | |
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| Assessing Officer | | | | | | | | | | | | | | | | | | |
| Code (TDS/TCS) | | | | | | | | | | | | | | | | | | |
| Area Code | | | | | | | | | | | | | | | | | | |
| AO Type | | | | | | | | | | | | | | | | | | |
| Range Code | | | | | | | | | | | | | | | | | | |
| AO Number | | | | | | | | | | | | | | | | | | |
| l l | | | | | | | | | | | | | | | | | | |
| Sir, | | | | | | | | | | | | | | | | | | |
| Whereas *I/we *am/are liable | | | | | | | | | | | | | | | | er | | |
| XVII under the heading *'B | | | | | | | | | | | | | | | | | | |
| And whereas no *tax deduction and tax collection account num | | | | | ccou | nt n | umb | er o | r ta | x de | duc | tion | aco | coun | t numb | er | | |
| *I/we give below the necessary | y particulars: | | | | | | | | | | | | | | | | | |
| [Please refer to the instructions | _ | he for | m] | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 1. Name (Fill only one of the c | olumns 'a' to 'h' w | vhiche | ver i | s app | olica | ble.) |) | | | | | | | | | | | |
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| a. Central / State Government Tick the appropriate entry | ί: | | | | | | | | | | | | | | | | | |
| Tick the appropriate entry | | | | | | | | | | | | | | | | | | |
| Central Government | Ī | | Lo | cal A | Auth | ority | / (C . | entr | al G | ove | rnm | ent) | 1 | | | | | |
| Central Government Local Authority (Central Government) State Government Local Authority (State Government) | | | | | | | | | | | | | | | | | | |
| State Government | l | | LO | Cai F | Aum | ority | (3) | late | Gov | em | пеп | ι) | | | | | | |
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| Name of Office | | | | | | | | | | | | | | | | | | |
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| Name of Organization | | | | | | | | | | | | | | | | | | |
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| Name of Department | [| | | | | | | | | | | | | | | | | |
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| | l I | | | | 1 | | <u> </u> | <u> </u> | | | | | | <u> </u> | | 1 | | |
| Name of Ministry | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Designation of person | | | | | | | | | | | | | | | | | | |
| responsible for making pay | yment/ | | | | | | | | | | | | | | | | 1 | |
| collecting tax | | | | | | | | | | | | | | | | | | |
| b. Statutory/autonomous bodi | ies | | | | 1 | | | l | | | | | | l | | <u> </u> | 1 | |
| Tick the appropriate entry | | | | | | | | | | | | | | | | | | |
| Statutory Body | [| | Αι | itono | mou | s Bo | odv | | | | | | | | | | | |
| • • | l | | | | | | - | | | | | | | | | | | |

| Name of Office | | | | | | | | | | | | | | | | | | |
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| Name of Organization | | | | | | | | | | | | | | | | | | |
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| Designation of person | | | | | | | | | | | | | | | | | | |
| responsible for making payment/ | | | | | | | | | | | | | | | | | | |
| collecting tax | | | | | | | | | | | | | | | | | | |
| c. Company : (See Note 1) Tick the appropriate entry | | | | | | | | | | | | | | | | | | |
| Central Government Company/Company established by a Central Act Other Company | | | Stat esta | | | | | | _ | ıy/C | omp | any | , | | | | | |
| • • | | _ | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | ı | | | |
| Central Government Company/Company established by a Central Act | State Government Comp any/Company established by a State Act | | | | | | | | | | | | | | | | | |
| Other Company | | | | | | | | | | | | | | | | | | |
| Title (M/s.) (Tick, if applicable) | | | | | | | | | | | | 1 | 1 | | I | | | |
| Name of Company | | | | | | | | | | | | | | | | | | |
| N (D) | | | | | | | | | | | | | | | | | | |
| Name of Division | | | | | | | | | | | | | | | | | | |
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| Name/Location of Branch | | ĺ | | | | | | | | | | | | | | | | |
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| Designation of person | | | | | | | | | | | | | | | | | | |
| responsible for | | | | | | | | | | | | | | | | | | |
| making payment/collecting tax | | | | | | | | | | | | | | | | | | |
| e. Individual/Hindu Undivided Family (Karta) | (See | Not | te 2) | | | | | | | | | | | | | | | |
| Tick the appropriate entry | | | | | | | | | | | | | | | | | | |
| Individual | | | Hin | du u | ndiv | vide | d fa | mily | 7 | | | | | | | | | |
| Title (Tick the appropriate entry for individual |) | | | _ | | | | | | | | _ | | | | | | |
| Shri Smt. | | | | | | | K | uma | ıri | | | | | | ı | | | |
| Last Name/Surname | | | | | | | | | | | | | | | | | | |
| First Name | 1 | 1 | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | |

Tick the appropriate entry

| Branch of individual business Branch of Hi | | | | | | | | ndiv | ided | lfan | nily | | | | | | | | | |
|--|----------|------|-------|----------|------|-----------|------|-----------|--|-------|-------|---------------|-------------------|-------|-------|---------|------|------|----|--|
| Individual/Hindu undivided family (karta) | | | | | | | | | | | | | | | | | _ | | | |
| Title (Tick the appropriate entry for individual |) | | | _ | | | | | | | | | | | | | | | | |
| Shri Smt. | | L | 1 | | | | K | uma | ıri | ı | | L | 1 | | | - | | | | |
| Last Name/Surname | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | |
| Name/Location of Branch | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| g. Firm/Association of persons/ association of | perso | ons | (trus | sts)/ | boc | ly of | finc | livic | lual | /arti | ficia | l ju | ridio | cal p | erso | n (S | ee l | Note | 3) | |
| Name | | | | | | | | | | | | | | | | | | | | |
| 1 D 1 CC / | <u> </u> | | | | | <u> </u> | /1 | | <u>. </u> | ļ | | / | <u></u> | | | \perp | | | | |
| h. Branch of firm/association of persons/assoc Name of firm/association of persons/ | 1atioi | 101 | pers | sons | (tru | ists) | /boo | ay o I | f inc | 11V10 | dual. | artı | 11C1 | al ju | ridic | ai p | erso | on | | |
| association of persons (trusts)/ | | | | | | | | | | | | | | | | | | | | |
| body of individual/artificial juridical person | | | | | | | | | | | | | | | | | | | | |
| Name/Location of Branch | | | l | | l | l | | | | | | | | | | | | | | |
| Name/Location of Branch | | | | | | | | | | | | | | | | | | | | |
| 2. Address | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | J | | | | | | | | | | | | | |
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| Telephone No. STD Code (a) | | T | elep | hon | e No |). | | | | | | $\frac{1}{1}$ | $\frac{\perp}{1}$ | | | + | | | | |
| e-mail ID (a) (b) | | | | | | | | | | | | | | | | | | | | |
| 3. Nationality (Tick ✓ the appropriate entry) | | | | Iı | ndia | n | | | | 1 | Fore | ign | | | | | _ | | | |
| 4. Permanent Account Number (PAN) | | | | | | | | | | | | | | | | | | | | |
| 5. Existing Tax Deduction Account Number (T. | AN), | if a | ny | | | | | | Ì | | | | | | | | | Ť | | |
| 6. Existing Tax Collection Account Number (T | | | - | | | | | | | | | | | | | | | | | |
| 7. Date (DD-MM-YYYY) | | | | | | | | | i. | - | | | - | | | | | | | |
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| | | | | | V | erific | atio | n | | | | | |
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| I/we*that what is stat | ed above is | s true t | to the b | est of | | • | | apacity edge ar | | ef. | | do hereby declare | |
| Verify today, t | he | D | D | - | M | M | - | Y | Y | Y | Y | | |
| | | | | | | | | | | | (Sign Appli | e/Left Thumb Impressio | n of |

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.