

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

1. Category of Deductor

Thick the appropriate category:

a)	Central Govt./ State Government / Local Authority	
b)	Statutory / Autonomous Bodies	
c)	Company	
d)	Branch of a Company	
e)	Individual/ Hindu Undivided Family (Karta)	
f)	Branch of Individual business (Sole proprietorship concern)/ Hindu Undivided Family (Karta)	
g)	Firm/Association of Persons/ Association of Persons (Trusts) Body of Individual/ Artificial Juridical Person	
h)	Branch of firm/ Association of persons/ Association of Persons (Trusts)/ Body of Individuals/ Artificial Juridical Person	

2. 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

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

Name of Office
Name of Organisation
Name of Department
Name of Ministry
Designation of person responsible for making payment/collecting tax

(b) Statutory/autonomous bodies

Tick the appropriate entry

Statutory Body

Autonomous Body

Name of Office
Name of Organisation
Designation of person responsible for making payment/collecting tax

(c) Company [This column is applicable only if TAN is allotted to a company as a whole. If separate TAN is applied for different division/ branches, please fill details in (d) 'Branch/ Division of a Company' Only]

Tick the appropriate entry

Central Government/Corporation established under a Central Act
Other

Government of Company/ Corporation established under a State Act
 Company

Thick (M/s) (Thick, if applicable)

Name of Company
Designation of principal officer or any officer
responsible for making payment/collecting tax

(d) Branch/Division of a Company

Tick the appropriate entry

Government company/Corporation established under a Central Act	<input type="checkbox"/>	Government company/ Corporation Established under a State Act	<input type="checkbox"/>
Other	<input type="checkbox"/>	company	<input type="checkbox"/>

Tick (M/s) Tick if applicable

Name of Company
Name of Division
Name/Location of Branch
Designation of principal officer or any officer
responsible for making payment/collecting
tax

(e) Individual/Hindu Undivided Family (Karta) [for branch of individual/HUF, please fill details in (f) only]

Thick the appropriate category Individual Hindu Undivided Family

Title (tick the appropriate entry for individual) Shri Smt. Kumari

Last Name/Surname
First Name
Middle Name

f) Branch of Individual Business (Sole proprietorship concern)/Hindu undivided Family (Karta)

Tick the appropriate entry
Thick the appropriate entry Branch of Individual Business
Branch of Hindu undivided family

Title (tick the appropriate entry for individual) Shri Smt. Kumari

Last Name/Surname
First Name
Middle Name
Name/Location of branch

(g) Firm/Association of persons/Association of persons (Trusts)/Body of Individuals/Artificial Juridical Person

[For branch of firm/AOP/ AOP (Trust)/ BOI/ Artificial Juridical Person, please fill details in (h) only]

(h) Branch of Firm/Association of persons/Association of persons (Trusts)/Body of individuals/Artificial Juridical person

Name of Firm/Association of persons/Association of persons (Trusts)/Body of
individuals/Artificial Juridical person

Name/Location of branch

3. Address

Flat/Door/Block No.
Name of Premises/Building
Road/Street/Lane
Area/Locality
Town/City/District
State/Union Territory
Pin
Telephone No.
Email Id

STD Code

Telephone No.

(a)

(b)

4. Nationality (Tick the appropriate entry)

Indian
Foreign

<input type="checkbox"/>
<input type="checkbox"/>

5. **Permanent Account Number (PAN)** – (Specify wherever applicable)

6. **Mention other Tax Deduction Account Number (TAN/s) allotted to you, that need to be surrendered/ cancelled.**

TAN 1
TAN 2

<input type="text"/>
<input type="text"/>

TAN 3
TAN 4

<input type="text"/>
<input type="text"/>

Date :

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.

Verified today this _____ day of _____ Year at _____

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Signed (Applicant)