

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

To
The Assessing Officer (TDS/TCS)

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

Sir,

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;

*I/we give below the necessary particulars:

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

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

a. Central / State Government :
Tick the appropriate entry

Central Government Local Authority (Central Government)

State Government Local Authority (State Government)

Name of Office																			
Name of Organization																			
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 Organization																									
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

Title (M/s.) (Tick, if applicable)

Name of Company

<input type="checkbox"/>	State Government Company/Company established by a State Act	<input type="checkbox"/>																									
<input type="checkbox"/>	Other Company	<input type="checkbox"/>																									
<input type="checkbox"/>	Title (M/s.) (Tick, if applicable)	<input type="checkbox"/>																									
	Name of Company																										

Designation of person responsible for making payment/collecting tax

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

d. Branch/Division of a Company :

Tick the appropriate entry

Central Government Company/Company established by a Central Act

Other Company

Title (M/s.) (Tick, if applicable)

Name of Company

Name of Division

Name/Location of Branch

Designation of person responsible for making payment/collecting tax

<input type="checkbox"/>	State Government Company/Company established by a State Act	<input type="checkbox"/>																									
<input type="checkbox"/>	Other Company	<input type="checkbox"/>																									
<input type="checkbox"/>	Title (M/s.) (Tick, if applicable)	<input type="checkbox"/>																									
	Name of Company																										
	Name of Division																										
	Name/Location of Branch																										
	Designation of person responsible for making payment/collecting tax																										

e. Individual/Hindu Undivided Family (Karta) (See Note 2)

Tick the appropriate entry

Individual

Title (Tick the appropriate entry for individual)

Shri

Smt.

Last Name/Surname

First Name

Middle Name

<input type="checkbox"/>	Hindu undivided family	<input type="checkbox"/>																											
<input type="checkbox"/>	Shri	<input type="checkbox"/>	Kumari	<input type="checkbox"/>																									
	Last Name/Surname																												
	First Name																												
	Middle Name																												

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

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 Smt. Kumari

Last Name/Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Name/Location of Branch	<input type="text"/>

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.	<input type="text"/>
Name of Premises/Building/Village	<input type="text"/>
Road/Street/Lane/Post Office	<input type="text"/>
Area/Locality Taluka/Sub-Division	<input type="text"/>
Town/City/District	<input type="text"/>
State/Union Territory	<input type="text"/>
PIN	<input type="text"/>

(Indicating PIN is mandatory)

Telephone No. STD Code Telephone No.
 e-mail ID (a)
 (b)

3. Nationality (Tick the appropriate entry) Indian Foreign
 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.