## Form No. 49B

[See section 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,		
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	or deduct tax and collect tax in accordance with Chapter XVII under the heading *'B D	eduction
at source' or 'BBCollection at source' of the In And whereas no Tax Deduction Account Numbe Number has been allotted to *me/us; *I/We give below the necessary particulars:	r/Tax Collection Account Number or Tax Deduction Account Number and Tax Collection	Account
Please refer to instructions before filling up the	form 1	
1 Name - (Fill only one of the columns 'a' to 'h		
(a) Central / State Government:		
Tick the appropriate entry	Central Government State Government Local Authority (Central Govt.)	
non and appropriate enary		
	Local Authority (State Govt.)	
Name of Office		
Name of Organisation		
<u>g</u>		
Name of Department		
Name of Ministry		
Designation of the person responsible		
for * making payment / collecting tax		
(b) Statutory / Autonomous Bodies :		
	Statutory Body Autonomous Body	
Tick the appropriate entry	Statutory Body Autonomous Body	
Name of Office		
Name of Organisation		$\overline{\Box}$
Ü		
Designation of the person responsible		
for * making payment / collecting tax		

c) Company (See Note 1) :																									
Tick the appropriate entry															Oth Cor	ner [ mpa	ny								
Title (M/s) (tick if applicable)																									
Name of Company																									
																	Π							Π	П
Designation of the person responsible																									
for * making payment / collecting tax																									
(d) Branch/Division of a Company:																									
Tick the appropriate entry  Government Company/Corporation  established by a Central Act  Government Company/Corporation  established by a State Act  Company														y											
Title (M/s) (tick if applicable)																						_			
Name of Company																									$\sqsubseteq$
Name of Division																									
Name/Location of Branch																									
Designation of the person responsible																									
for * making payment / collecting tax																									
(e) Individual / Hindu Undivided Family (K	(arta)	- (8	ee	Not	e 2)	:																			
Tick the appropriate entry	Indi	vidu	al [			Н	indu	ı Un	divid	ded	Fan	nily													
Title (tick the appropriate entry for individ	dual)			Shi	i 🗌				Sm	ıt.				K	uma	ıri [									
Last Name / Surname																									
First Name																									
Middle Name																									
(f) Branch of Individual Business (Sole pr	roprie	tors	hip	coı	ncer	n)/	Hine	du L	Jndi	vide	ed F	am	ily (	Kar	ta)										
Tick the appropriate entry	Brai	nch	of Ir	ndiv	idua	l bu	sine	ss			I	3rar	ich d	of H	indu	. Un	divi	ded	Fan	nily			]		
Individual/ Hindu Undivided Family (Karta	a):																								
Title (tick the appropriate entry for individ	dual)			Shri					Sm	ıt.				K	uma	ri 🗌									
Last Name / Surname																									
First Name																									
Middle Name																									
Name/Location of branch																									
(g) Firm / Association of Persons / Assoc	iation	of I	Pers	son	s (T	rust	s) /	Вос	dy o	f In	divi	dua	ls /	Arti	ficia	al J	urid	ical	Pei	rsor	ı (Se	ee I	Vote	3)	:
Name																									
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		L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	1	L	$\perp$ 1

Name of Firm / Association of Persons / A	Assoc	ciatio	on o	f Pe	ersor	าร (	Trus	ts) /	Boo	dy o	f Ind	divid	uals	/ A	rtific	ial J	lurid	lical	Pe	son	:				
		1		l			1				· ·	l						- 	· ·						
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 code																									
Telephone No.	STE	O Co	ode								Pho	one	No.							$\Box$	$\perp$	I	$\perp$		
e-mail IDs a)																									
b)																									
Nationality of Deductor (Tick the appropriation	ate e	entry	') ]																						
Foreign			]																						
4 Permanent Account Number (PAN) - (spec	ify w	here	ever	арр	olica	ble)																			
5 Existing Tax Deduction Account Number (	(if an	y)																							
6 Existing Tax Collection Account Number (	if an	y)																							
																L		Sig	nec	 A) k	ppli		 nt)		
					٧	erif	ica	tion												•			•		
*I/We, in my/ to the best of my/our knowledge and belief		cap	aci	ty a	ıS						dc	he	reb	y d	ecla	re t	that	wh	at i	s st	ate	d al	bov	e is	true
Verified today the	/ y	у	]																						
at Notes :										••••	 (Sig	gnat	ure/	Lef	t Tł	num	ıb lı	mpr	ess	ion	of a	Apr	olica	)	

(h) Branch of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:

- 1 This column is applicable only if a single TAN is applied for the whole company. If separate TANs are 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/Association Of Persons/Association Of Persons (Trust) / Body Of Individuals/Artificial Juridical Person, please fill details in (h).
- 4 \* Delete whichever is inapplicable.