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,	, i																	
Whereas *I/we *am/are liable to *dedtheading *'B Deduction at source' or '											nce	wit	h C	hapt	ter X	(VI	[un	der the
And whereas no *tax deduction acco collection account number has been allo		collec	ction a	acco	unt 1	nun	nber	or	tax	de	duct	tion	acc	coun	t nu	ımb	er a	ınd tax
*I/we give below the necessary particular	ars:																	
[Please refer to the instructions before fi	illing up the for	m]																
1. Name (Fill only one of the columns 'a	a' to 'h' whiche	ver is a	applica	ble.))													
a. Central / State Government: Tick the appropriate entry																		
Central Government		Loca	ıl Auth	ority	(Ce	entra	al G	love	rnme	ent))							
State Government	<u> </u>	4	ıl Auth											\vdash				
		_		,										<u> </u>				
Name of Office																		
Name of Organization				l				l										
rume of organization																		
Name of Department	<u> </u>			<u> </u>				 					<u> </u> 		 			=
Name of Department			_															
Name of Ministry																		
Designation of person																		
responsible for making payment/																		
collectiog tax																		
b. Statutory/autonomous bodies	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		•						·		•			•				
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						rnme by a				y/C	omp	any										
Other Company																						
Title (M/s.) (Tick, if applicable)																						
Name of Company																						
Designation of person																						
responsible for making payment/ collecting tax															I	<u> </u>				<u> </u>		
d. Branch/Division of a Company:																						
Tick the appropriate entry	ll																	_		<u>. </u>		
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																					
Title (M/s.) (Tick, if applicable)																						
Name of Company																						
J																						
Name of Division																						
Name/Location of Branch																						
Designation of person																						
responsible for																						
making payment/collecting tax		•																				
e. Individual/Hindu Undivided Family (Karta)	(See l	Note	e 2)																			
Tick the appropriate entry																						
Individual]	Hin	du u	ındi	vide	d fa	mily	У													
Title (Tick the appropriate entry for individual)	1																					
Shri Smt.							K	uma	ri			L										
Last Name/Surname																						
First Name																						
Middle Name																						
f. Branch of Individual Business (Sole propriet Tick the appropriate entry	torshi	рсс	once	rn)/	Hin	du I	Jnd	ivid	ed F	ami	ly (Kart	a)									
Branch of individual business																						

Individual/Hindu undivided family (karta) Title (Tick the appropriate entry for individual)																				
Shri Smt.																				
Last Name/Surname																				
First Name																				
Middle Name																				
Name/Location of Branch																				
g. Firm/Association of persons/ association of p	erso	ons (trus	ts)/	bod	y of	find	livid	lual/	arti	ficia	l jur	idic	al p	erso	on (S	lee I	Note	3)	1
Name																				
h. Branch of firm/association of persons/associa	ation	n of i	ners	ons	(tru	sts)	/bod	lv o	f ind	livio	lual.	/arti	ficis	al in	ridi	cal r	erso	n on		
Name of firm/association of persons/	11101	101	pers	0113	(uu	313)	1000	ly O	l IIIC	11 V 10	luai	arti	11010	ii ju	lian	Car p	0130)II		
association of persons (trusts)/																				
body of individual/artificial juridical person																				
Name/Location of Branch																				
																	L			
2. Address																				
Flat/Door/Block No.	1						1	1	1	1	1	1					$\overline{}$		1	1
Name of Premises/Building/Village																	_			
Road/Street/Lane/Post Office	<u> </u>						<u> </u>					H	_	<u> </u>	<u> </u>					
	 						 	 	 	 	 	 					L	<u> </u>	 	
Area/Locality Taluka/Sub-Division																	<u> </u>			
Town/City/District																		<u> </u>		
State/Union Territory							 										<u> </u>			
PIN																				
(Indicating PIN is mandatory)																				
Telephone No. STD Code		Те	elep	hon	e No	Э.														
e-mail ID (a)																				
(b) 3. Nationality (Tick • the appropriate entry)		l I		Ir	ıdiaı	1				1	Fore	ign								
4. Permanent Account Number (PAN)																	T	T		
5. Existing Tax Deduction Account Number (TA	AN).	, if a	ny					Ť	t		Ť	t	Ŧ	t			Ť	Ť	i	
6. Existing Tax Collection Account Number (To	CN),	, if a	ny														\dagger	\dagger		
7. Date (DD-MM-YYYY)								Ì	Ì-		Ì	Ť-		Ì			Ī		_	
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			Vo	rifi	cati	ดท														
I/we*											_ in	my/	our	* ca	apac	city	as			
heet of my/ove * Impouled as and helief						_ do	her	eby	dec	lare								tru	e to	the
Verify today, the	best of my/our * knowledge and belief. Verify today, the																			
D D M	<u> </u>	M		Y		Y		Y		Y	J									

(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.