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)

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. – 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 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

State Government

Local Authority (Central Govt.)

Local Authority (State Govt.)

Name of Office

Name of Organisation

Name of Department

Name of Ministry

Designation of the 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 the person responsible for * making payment / collecting tax
(c) **Company (See Note 1):**

<table>
<thead>
<tr>
<th>Tick the appropriate entry</th>
<th>Government Company / Corporation established by a Central Act</th>
<th>Government Company / Corporation established by a State Act</th>
<th>Other Company</th>
</tr>
</thead>
</table>

- **Title (M/s)**
  - (tick if applicable)

- **Name of Company**

- **Designation of the person responsible for making payment / collecting tax**

(d) **Branch/Division of a Company:**

<table>
<thead>
<tr>
<th>Tick the appropriate entry</th>
<th>Government Company / Corporation established by a Central Act</th>
<th>Government Company / Corporation established by a State Act</th>
<th>Other Company</th>
</tr>
</thead>
</table>

- **Title (M/s)**
  - (tick if applicable)

- **Name of Company**

- **Name of Division**

- **Name/Location of Branch**

- **Designation of the person responsible for making payment / collecting tax**

(e) **Individual / Hindu Undivided Family (Karta) - (See Note 2):**

<table>
<thead>
<tr>
<th>Tick the appropriate entry</th>
<th>Individual</th>
<th>Hindu Undivided Family</th>
</tr>
</thead>
</table>

- **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):**

<table>
<thead>
<tr>
<th>Tick the appropriate entry</th>
<th>Branch of Individual business</th>
<th>Branch of Hindu Undivided Family</th>
</tr>
</thead>
</table>

- **Individual / Hindu Undivided Family (Karta):**

- **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 (See Note 3):**

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

<table>
<thead>
<tr>
<th>Name of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Location of branch</td>
</tr>
</tbody>
</table>

2 Address

<table>
<thead>
<tr>
<th>Flat / Door / Block No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Premises / Building / Village</td>
</tr>
<tr>
<td>Road / Street / Lane / Post Office</td>
</tr>
<tr>
<td>Area / Locality / Taluka / Sub-Division</td>
</tr>
<tr>
<td>Town / City / District</td>
</tr>
<tr>
<td>State / Union Territory</td>
</tr>
<tr>
<td>PIN code</td>
</tr>
<tr>
<td>Telephone No. STD Code Phone No.</td>
</tr>
<tr>
<td>e-mail IDs a)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>b)</td>
</tr>
</tbody>
</table>

3 Nationality of Deductor (Tick the appropriate entry)

| Indian                                                                                                      |
| Foreign                                                                                                     |

4 Permanent Account Number (PAN) - (specify wherever applicable)

5 Existing Tax Deduction Account Number (if any)

6 Existing Tax Collection Account Number (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.

Verified today the d d - m m - y y y y

(Signature / Left Thumb Impression of Applicant)

Notes:
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.