

**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. – 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



(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:

Grid boxes for name and location of branch

Name/Location of branch

2 Address

Grid boxes for address details: 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., STD Code, Phone No., e-mail IDs a), b)

3 Nationality of Deductor (Tick the appropriate entry)

Indian [ ] Foreign [ ]

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

PAN grid

5 Existing Tax Deduction Account Number (if any)

TAN grid

6 Existing Tax Collection Account Number (if any)

TAN grid

7 Date (DD-MM-YYYY)

Date grid

Signed (Applicant) box

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

at ..... (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.