

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

M u k u l M o o n d r a

Name of Organisation

M o o n S o f t T e c h n o l o g i e s P r i v t .

Name of Department

M u k u l M o o n d r a 4 5

Name of Ministry

M u k u l M o o n d r a 8 9 9

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

M u k u l M o o n d r a v j

(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:

Four rows of 20-character grids for name/branch details.

Name/Location of branch

2 Address

Flat / Door / Block No.

20-character grid for Flat / Door / Block No.

Name of Premises / Building / Village

M u k u l M o o n d r a

Road / Street / Lane / Post Office

2 2 , S h r i p a l N a g a r

Area / Locality / Taluka / Sub-Division

Empty 20-character grid.

Town / City / District

S U M E R P U R

State / Union Territory

R a j a s t h a n

PIN code

3 0 6 9 0 2

Telephone No.

STD Code 0 2 9 3 3 Phone No. 8 8 2 4 5 0 3 8 8 8

e-mail IDs a)

m u k u t h e c o o l @ g m a i l . c o m

b)

m u k u t h e c o o l @ g m a i l . c o m

3 Nationality of Deductor (Tick the appropriate entry)

Indian

Foreign

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

Empty 10-character grid for PAN.

5 Existing Tax Deduction Account Number (if any)

Empty 15-character grid for Tax Deduction Account Number.

6 Existing Tax Collection Account Number (if any)

Empty 15-character grid for Tax Collection Account Number.

7 Date (DD-MM-YYYY)

Grid for date entry: DD-MM-YYYY

Empty box for signature.

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 DD-MM-YYYY

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.