

FORM NO. 49B

[See section 203A and rule 114A]

**Form of application for allotment of Tax Deduction Account Number under
Section 203A of the Income-tax Act, 1961**

To

The Assessing Officer (TDS)

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Sir,

Whereas I/*we am/are liable to deduct tax in accordance with Chapter XVII under the heading 'B. – Deduction at source' of the Income-tax Act, 1961;

And whereas no tax deduction account number has been allotted to me/us*;

I/*We hereby request that a tax deduction account number be allotted to me/us*;

I/*We give below the necessary particulars:

1. Name (Please see notes before filling up) – Fill only one of the columns 'a' to 'h' whichever is applicable.

a. Central/State Government:

Name of Office

Name of Organization

Name of Department

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Name of Ministry

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Designation of person responsible
for making payment.

b. Statutory/autonomous bodies/

local authorities:

Name of Office

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Name of Organization

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Designation of person responsible
for making payment

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c. Company:

Name of Company

* Delete whichever is inapplicable

Name of Division

Designation of principal officer
or any officer responsible for
making payment

d. Branch of a Company:

Name of Company

Name of Division

Name/Location of Branch

Designation of principal officer
or any officer responsible for
making payment

e. Individual/Hindu Undivided Family (Karta)

Last Name/Surname

First Name

Middle Name

f. Branch of Individual Business (Sole proprietorship concern)/Hindu Undivided Family (Karta)

Individual/Hindu Undivided Family (Karta)

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

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

Name/Location of branch

2. Address

a. Mailing Address

Flat/Door/Block No.

Name of Premises/Building

Road/Street/Lane

Area/Locality

Town/City/District

State

Pin Code

b. Telephone No. STD Code Telephone No.

3. Nationality of Deductor (Tick ✓ the appropriate entry) Indian Foreign

4. Category of Government Deductor (Tick ✓ the appropriate entry)

Central government Central Government Company/Corporation established by a Central Act

State Government State Government Company/Corporation established by a State Act

Local Authority

5. Date on which the tax was first deducted in accordance with provisions of Chapter XVII - -

6. Nature of Payment (Tick whichever is applicable)

Payment	Section	Code	Tick here	Payment	Section	Code	Tick here
Salary to Union Government Employees	192	92A		Commission on sale of lottery tickets	194G	94G	
Salary to employees other than Union Govt. employees	192	92B		Rent	194-I	94-I	
Interest on Security	193	193		Other sums	195	195	
Dividend	194	194		Income in respect of units of non-residents	196A	96A	
Interest other than interest on Securities	194A	94A					
Winning from lottery or crossword puzzle	194B	94B		Any income on transfer of units payable to offshore fund	196B	96B	
Winning from horse race	194BB	4BB					
Contractors and Sub Contractors	194C	94C		Interest dividend, long term capital gain payable to Non-resident	196C	96C	
Insurance commission	194D	94D		Income from securities payable to Foreign Institutional investors	196D	96D	
Payment to non-resident sportsman etc.	194E	94E					
National Saving Schemes (NSS) Repurchase of units by Mutual Funds or	194EE	4EE		Fees for professional or technical services	194J	94J	
				Unit Trust of India	194F	94F	

7. Nature of collection under section 206C (Tick ✓ whichever is applicable)

Goods	Section	Code	Tick here
Liquor for Human Consumption (Not IMFL)	206C	6CA	
Timber obtained under forest lease	206C	6CB	
Timber obtained by any more other than forest lease	206C	6CC	
Any other forest produce (not being timber)	206C	6CD	

8. Permanent Account Number (specify wherever applicable)

9. a. Existing Tax Deduction Account Number (TAN), if any
- b. Ward/Circle/Range
10. Date - -

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 this the day of
at

Signed (Applicant)

*Delete whichever is inapplicable

Notes:

1. Before signing the verification, the declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false verification in the declaration shall be liable to be prosecuted under section 277 of the I.T. Act, 1961, and on conviction be punishable with rigorous imprisonment and fine.
2. Name of the assessee should be written in full and not in abbreviated form. As an exception, very large Middle names may be abbreviated. While filling in name, please do not prefix it with Shri, Smt., M/s, Kumari, Late, Major, Dr., etc. Please leave a blank box between any two parts of the name. In the case of Hindu Undivided Family, Firm, Association of Persons, Association of Persons (Trusts), Local Authority or Artificial Juridical Person, initials may be used only if they are part of a registered name.
3. Mailing addresses should be given in the specified format. PIN must be mentioned.
4. Give the STD code in the boxes provided and give the contact telephone number, if any.
5. Tick only one of the appropriate boxes.
6. Give date in the format DD-MM-YYYY.

Example: Write date 21-9-1956 as

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