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,

Whereas *I/we *am/are liable to *deduct/collect tax 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 the 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		Local Authority (Central Government)	
State Government		Local Authority (State Government)	

Name of Office

Name of Organization

Name of Department

Name of Ministry

Designation of person responsible for making payment/ collecting tax

b. Statutory/autonomous bodies
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 ☐ State Government Comp any/Company established by a State Act ☐

Other Company ☐

Title (M/s.) (Tick, if applicable) ☐

Name of Company

Designation of person
responsible for making payment/
collecting tax

d. Branch/Division of a Company :

Tick the appropriate entry

Central Government Company/Company established by a Central Act ☐ State Government Comp any/Company established by a State Act ☐

Other Company ☐

Title (M/s.) (Tick, if applicable) ☐

Name of Company

Name of Division

Name/Location of Branch

Designation of person
responsible for
making payment/collecting tax

e. Individual/Hindu Undivided Family (Karta) (See Note 2)

Tick the appropriate entry

Individual ☐ Hindu undivided family ☐

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)
Tick the appropriate entry

Branch of individual business | Branch of Hindu undivided family

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 individual/artificial juridical person (See Note 3)

Name

h. Branch of firm/association of persons/association of persons (trusts)/body of individual/artificial juridical person

Name of firm/association of persons/
association of persons (trusts)/
body of individual/artificial juridical person

Name/Location of Branch

2. Address

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

(Indicating PIN is mandatory)

Telephone No. STD Code Telephone No.

e-mail ID (a)

(b)

3. Nationality (Tick ✔ the appropriate entry) Indian | Foreign

4. Permanent Account Number (PAN)

5. Existing Tax Deduction Account Number (TAN), if any

6. Existing Tax Collection Account Number (TCN), 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.

Verify today, the | | | - | | | - | | | | |
D D M M Y Y Y Y

(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.