

**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

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Name of Organization

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Department

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Ministry

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation of person responsible for making payment/collecting tax

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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 Company/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

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d. Branch/Division of a Company :

Tick the appropriate entry

Central Government Company/Company established by a Central Act

State Government Company/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

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Middle Name

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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	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Name/Location of Branch	<input type="text"/>

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.	<input type="text"/>
Name of Premises/Building/Village	<input type="text"/>
Road/Street/Lane/Post Office	<input type="text"/>
Area/Locality Taluka/Sub-Division	<input type="text"/>
Town/City/District	<input type="text"/>
State/Union Territory	<input type="text"/>
PIN	<input type="text"/>

(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.