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)	\neg													
Area code	\dashv													
AO Type														
Range Code														
AC Number														
Sir, Whereas "I/we "am/are liable to "deduct/collect at source" or 'BBCollection at source' of the In	or deduct tax and collect tax in accordance with Chapter XVII under the heading *B. – Deduction nome tax Act, 1961;													
And whereas no Tax Deduction Account Number Number has been allotted to *me/us; *I/We give below the necessary particulars:	er/Tax Collection Account Number or Tax Deduction Account Number and Tax Collection Account													
[Please refer to instructions before filling up the	e 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														
Normal Description														
Name of Department														
Name of Ministry														
Designation of the person responsible														
for * making payment / collecting tax														
(b) State days (Audamana Badisa a														
(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

(c) Company (See Note 1) :	Company (See Note 1):																								
Tick the appropriate entry	Government Company/Corporation Government Company/Corporation established by a Central Act established by a State Act													Oth Con	npan;	y									
Title (M/s) (tick if applicable)																									
Name of Company																									
Designation of the person responsible																									
for 1 making payment / collecting tax																									
(d) Branch/Division of a Company:																									
Tick the appropriate entry		emi ablis						pora ct	ation	ı [ernr blist							ation	1		Other Comp	pany	
Title (M/s) (tick if applicable)	(tick if applicable)																								
Name of Company																									
Name of Division																									
Name/Location of Branch																									
Designation of the person responsible for * making payment / collecting tax																									
(e) Individual / Hindu Undivided Family (K	arta)	- (5	See	Not	e 2)	:																			
Tick the appropriate entry	Indi	vidu	al [Н	lindu	Un	divi	ded	Fan	rily													
Title (tick the appropriate entry for individ	ual)			Shi	i				Sm	ıL 🗌				K	uma	ri [
Last Name / Surname																									
First Name																									
Middle Name																									
(f) Branch of Individual Business (Sole pr	oprie	tors	hip	cor	ncer	n)/	Hin	du l	Jnd	ivid	ed F	am	ily (Kar	ta)										
Tick the appropriate entry	Bra	nch	of I	ndivi	idua	l bu	sine	255				Bran	och d	of H	indu	Un	divi	ded	Fan	n ly [
Individual/ Hindu Undivided Family (Karla																									
Title (tick the appropriate entry for individ	ual)			Shri					Srr	ıt.				Kı	urna	ri [
Last Name / Surname																									
First Name																									
Middle Name																									
Name/Location of branch																									
(g) Firm / Association of Persons / Associ	ation	of	Per	son	s (T	rus	ts) /	Во	dy c	of In	divi	dua	ls / .	Arti	ficia	al Ju	urid	ical	Per	rson	ı (Se	ee N	lote	3):	
Name																									
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	Name/Location of branch				Ī	I					L		Ī	I							Ī					I	I		
2	Address																												
	Flat / Door / Block No.				Ι	Ι						Ī	Ι							Ι	Ι					Ι	I		
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	Area / Locality / Taluka / Sub-Division				Τ	Τ				Γ			Τ	Τ				Γ	Γ	Τ	Τ					Ι	I		
	Town / City / District				Τ	Τ	\neg						Τ	Т				Г	Г	Τ	Т				Т	Τ	Τ		
	State / Union Territory			Ī	Τ	Τ							Τ	Τ				Γ	Γ	Τ	Τ					Ι	I		
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				Τ	Τ	Τ	П				Γ	Τ	Τ	Т					Γ	Τ	Т					Γ			
	Nationality of Deductor (Tick the appropria Indian Foreign Permanent Account Number (PAN) - (speci				· ajo	pplic	ab	ıle)																					
6	Existing Tax Deduction Account Number (
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Ve	erified today the d d m m y y	у	у]																									
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(h) Branch of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:

- 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.