

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, 1961To avoid mistake(s), please refer [guidelines](#) and [instructions](#)

Don't know AO details? Click here		
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:

(a) Central/ State Government	
<i>Select appropriate category:</i> Central Government State Government Local Authority(Central Government) Local Authority(State Government)	
Name of Office	
Name of Organisation	
Name of Department	
Name of Ministry	
Designation of the person responsible for making payment/collecting tax	
(b) Statutory /Autonomous Bodies	
<i>Select appropriate category :</i> Statutory Body Autonomous Body	
Name of Office	
Name of Organisation	
Designation of the person responsible for making the payment/collecting tax	
(c) Company [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 select category Branch/Division of a Company and fill details in 1(d)]:	
Select appropriate category: Central Government Company / Corporation established by Central Act <input type="radio"/> State Government Company / Corporation established by State Act <input type="radio"/> Other Company <input type="radio"/>	
Title (M/s) <input type="checkbox"/> if applicable	
Name of Company	
Designation of the person responsible for making the payment/collecting tax	
(d) Branch/Division of a Company:	
Select appropriate category: Central Government Company / Corporation established by Central Act State Government Company / Corporation established by State Act Other Company	
Title (M/s) tick if applicable	
Name of Company	
Name of Division	
Name / Location of Branch	
Designation of the person responsible for making the payment/collecting tax	
<i>Select appropriate category: (e) Individual / Hindu Undivided Family (Karta) - [for branch of individual business / Hindu Undivided Family (Karta), please fill details in (f)]</i>	

Individual Hindu Undivided Family	
Title (In case of Individuals only) Shri Smt. Kumari	
Last Name / Surname	
First Name	
Middle Name	
(f) Branch of Individual Bussiness (Sole proprietorship concern) / Hindu Undivided Family (Karta)	
Branch of individual bussiness Branch of Hindu Undivided Family	
Title (In case of Individuals only) 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 Individuals / Artificial Juridical Person: (for branch of firm / AOP / AOP (trust) / BOI / Artificial Juridical Person, please fill details in (h) only.)	
Name	
(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	
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	-- Please Select -- ▾
PIN Code	
Telephone Number	STD Code Telephone Number
* e-mail IDs	a) <input type="text"/>
	b) <input type="text"/>
*3. Nationality of Deductor	Indian <input type="radio"/> Foreign <input type="radio"/>
4. Permanent Account Number (PAN) (Specify wherever applicable)	<input type="text"/>
5. Existing Tax Deduction Account Number (TAN) (if any)	<input type="text"/>
6. Existing Tax Collection Account Number (TCS) (if any)	<input type="text"/>
I/We, <input type="text"/> in my/our capacity as <input type="text"/> do hereby declare that what is stated above is true to the best of my/our knowledge and belief.	
DD MMYYYY Verified today 05 -01 -2019 at <input type="text"/>	
*Payment Details (select appropriate mode of payment and fill relevant details)	
Demand Draft/Cheque (in favour of 'NSDL - TIN' for ₹ 65)	
<input type="radio"/> Demand Draft number <input type="text"/> dated DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/> for ₹ 65	
<input type="radio"/> Drawn On <input type="text"/> payable at Mumbai.	

<input type="radio"/>	Cheque number <input type="text"/> dated DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/> for ₹ 65 drawn on <input type="text"/> Bank, deposited at HDFC Bank, <input type="text"/> Branch at, <input type="text"/> location (city/town).
<input type="radio"/>	Net Banking (₹ 65) List of Banks available

SUBMIT