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

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The Assessing Officer (TDS)

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

Name of Ministry

Name of Office

Designation of person responsible for making payment

b. Statutory/Autonomous Bodies/ Local Authorities

Name of Organization

Designation of person responsible for making payment

c. Company:

Name of Company

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

Delete whichever is inapplicable.

Name/Location of Branch

RUSHABH INFOSOFT LTD.

6.	Nature of Payment (Ti	ick	which	ever i	s applic	cable)					_	1		T _		_		
	Date on which the tax provisions of Chapter 2	XVII					nce with											
_	Local Authority		<i>.</i>															
	State Government			Centr	ral Act		Compa	•							•	ate		
4.	Category of Government	ent D	educt				opriate e nt Comp	-	,	rpora	tion	esta	ıblish	ed b	уа			
	Nationality of Deducto entry)	•			propriat		Indian				Fo	oreig	jn					
S	TD Code					ephon					_							
	Area/Locality Town/City/District State Pin Code b. Telephone No.																	
	 Mailing Address Flat/Door/Block No. Name of Premises/ Road/Street/Lane 		ing															
2.	Address																	
	person Name/Location of Bra	anch																
ре	erson Name of Firm/Associa	ation	of per	sons/	Associa	ation o	f person	ıs (T	rus	ts)/Bo	dy c	of Inc	dividu	ıals/	Artific	cial .	Jurid	lical
	Body of Individuals/A Juridical person Branch of Firm/Assoc			ersons	/Associ	ation (of persor	ns (Trus	sts)/Bo	ody (of In	divid	uals,	/Artifi	cial	Juri	dical
g.	Firm/Association of pe Association of person	ns (Tr	usts)/															
	Last Name/Surname First Name Middle Name Name/Location of Bra	anch																
f.	Branch of Individual Boundary Name of Individual/Hir		•	•	•	•	oncern)/	Hin/	du L	Jndivi	ded	Fam	nily (k	Karta)			
	First Name Middle Name																	
e.	Individual/Hindu Undiv (Karta) Last Name/Surname	vided	Famil	y														
	Designation of principal or any officer responsion making payment																	

Payment	Section	Code	Tick here
Salary to Union Government Employees	192	92A	
Salary to employees other than Union Govt. Employees	192	92B	

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

7. Nature of collections 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 mode 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)

of

Verification

I/we my/our kr	in my/our nowledge and be	capacity aslief.	do hereby o	leclare that w	vhat is stated a	bove is true to	the best
Verified	today this the _	day of	at				
					Signed (Appli	icant)	

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 varification 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	2	1		0	9	-	1	9	5	6
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