

Office Address

Name of office			
Flat / Room / Door / Block No.			
Name of Premises / Building / Village			
Road / Street / Lane/Post Office			
Area / Locality / Taluka/ Sub- Division			
Town / City / District			
State / Union Territory	Pincode / Zip code	Country Name	
<input style="width:100%;" type="text"/>			

8 Address for Communication**Residence****Office****(Please tick as applicable)****9 Telephone Number & Email ID details**

Country code	Area/STD Code	Telephone / Mobile number
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Email ID <input style="width:100%;" type="text"/>		

10 Status of applicant

Please select status, as applicable

<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 In case of a citizen of India, then
 Please mention your AADHAAR number (if allotted)
13 Source of Income**Please select, as applicable**

<input type="checkbox"/> Salary	<input type="checkbox"/> Income from Business / Profession	Business/Profession code <input style="width:30px;" type="text"/>	[For Code: Refer instructions]	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from House property				<input type="checkbox"/> Income from Other sources
				<input type="checkbox"/> No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessible under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name : initials are not permitted)

Please select title, as applicable

<input type="checkbox"/> Shri	<input type="checkbox"/> Smt.	<input type="checkbox"/> Kumari	<input type="checkbox"/> M/s
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Last Name / Surname

First Name

Middle Name

Address

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<input style="width:100%;" type="text"/>			

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed as proof of identity, as proof of address and as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

16 I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

 Place :

 Date :

D	D	M	M	Y	Y	Y	Y
<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>

Signature / Left Thumb Impression of Applicant (inside the box)
