

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 type="checkbox"/> 8 Address for Communication <input type="checkbox"/> Residence <input type="checkbox"/> Office (Please tick as applicable)	
9 Telephone Number & Email ID details	
Country code	Area/STD Code Telephone / Mobile number
+ 9 1	
Email ID	
10 Status of applicant	
Please select status, <input checked="" type="checkbox"/> 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 person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA	
Please mention your AADHAAR number (if allotted) _____	
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form	

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form	

13 Source of Income <i>Please select, <input checked="" type="checkbox"/> as applicable</i>	
<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession Business/Profession code <input type="text"/> <input type="text"/> [For Code: Refer instructions]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income
14 Representative Assessee (RA)	
Full name, address of the Representative Assessee, who is assessable 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, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s	
Last Name / Surname	
First Name	
Middle Name	
Address	
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	
15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)	
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]	
[Annexure A, Annexure B & Annexure C are to be used wherever 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
	2 0 2
	Signature / Left Thumb Impression of Applicant (inside the box)