

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	
8 Address for Communication	
☐ Residence	☐ Office
(Please tick as applicable)	
9 Telephone Number & Email ID details	
Country code	Area/STD Code
Telephone / Mobile number	
Email ID	
10 Status of applicant	
Please select status, ☒ as applicable	
☐ Individual	☐ Hindu undivided family
☐ Trusts	☐ Body of Individuals
☐ Company	☐ Local Authority
☐ Partnership Firm	☐ Artificial Juridical Persons
☐ Government	☐ Association of Persons
☐ 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 139AA,-	
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	
Please select, ☒ as applicable	
☐ Salary	☐ Capital Gains
☐ Income from Business / Profession	Business/Profession code
☐ Income from House property	[For Code: Refer instructions]
☐ 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, ☒ as applicable	
☐ Shri	☐ Smt.
☐ Kumari	☐ 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]	
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 :	
Signature / Left Thumb Impression of Applicant (inside the box)	