





| 9 Telephone Number & Email ID details   |  |
|---|--|
| Country code  | Area/STD Code  |
| <input type="text"/>  | <input type="text"/>   |
| Telephone / Mobile number   |  |
| <input type="text"/>  |  |
| Email ID  |  |
| <input type="text"/>  |  |
| 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"/> Trusts   | <input type="checkbox"/> Body of Individuals                             |
| <input type="checkbox"/> Local Authority  | <input type="checkbox"/> Artificial Juridical Persons                    |
| <input type="checkbox"/> Government   | <input type="checkbox"/> Association of Persons                          |
| <input type="checkbox"/> Limited Liability Partnership  |  |
| 11 Registration Number (for company, firms, LLPs etc.)  |  |
| <input type="text"/>  |  |
| 12 Please mention your AADHAAR number (if allotted)   |  |
| <input type="text"/>  |  |
| 13 Source of Income   |  |
| Please select, <input checked="" type="checkbox"/> as applicable  |  |
| <input type="checkbox"/> Salary   | <input type="checkbox"/> Capital Gains                                   |
| <input type="checkbox"/> Income from Business / Profession  | <input type="checkbox"/> Income from Other sources                       |
| <input type="checkbox"/> Income from House property   | <input type="checkbox"/> No income                                       |
| Business/Profession code  | <input type="text"/> <input type="text"/> [For Code: Refer instructions] |
| 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   | <input type="text"/>   |
| First Name  | <input type="text"/>   |
| Middle Name   | <input type="text"/>   |
| Address   |  |
| Flat/Room/ Door / Block No.   | <input type="text"/>   |
| Name of Premises/ Building/ Village   | <input type="text"/>   |
| Road/Street/ Lane/Post Office   | <input type="text"/>   |
| Area / Locality / Taluka/ Sub- Division   | <input type="text"/>   |
| Town / City / District  | <input type="text"/>   |
| State / Union Territory   | <input type="text"/>   |
| Pincode   | <input type="text"/>   |
| 15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth  |  |
| I/We have enclosed  | <input type="text"/>   |
| as proof of identity and  | <input type="text"/>   |
| as proof of address and   | <input type="text"/>   |
| as proof of date of birth   | <input type="text"/>   |
| [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]<br>[Annexure A, Annexure B & Annexure C are to be used wherever applicable] |  |
| 16 I/We   |  |
| <input type="text"/>  | <input type="text"/>   |
| do hereby declare that what is stated above is true to the best of my/our information and belief.   |  |
| Place   | <input type="text"/>   |
| Date  | <input type="text"/>   |
|   | <input type="text"/>   |
|   | Signature / Left Thumb Impression of Applicant (inside the box)          |

