

[See rule 158]

Sr. No.	PART A - Personal Information
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[illegible]

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible]

Flat/Door/Building					
Road/Street/Block/Sector					
Post Office					
Area/Locality/Town/City					
District					
State		Country/Region		PIN / ZIP CODE	

☒	Hindu Undivided Family	☒	Company	☒	Firm	☒	Association of Persons, whether incorporated or not
☒	Body of Individuals, whether incorporated or not	☒	Local Authority	☒	Artificial Judicial Person		
☒	Government	☒	Trust	☒	Limited Liability Partnership		

[illegible][illegible]

☐ Salary
 ☐ Income from Business/Profession
 ☐ Income from House Property
☐ Capital Gains
 ☐ Income from Other Sources
 ☐ No Income

(i) Area Code

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 (ii) AO Type

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(iii) Range Code

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 (iv) AO No.

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Part D- Representative Assessee (RA) /Authorized Representative (AR)**11. RA / AR Name**

First Name

Middle Name

Last Name

12. Permanent Account Number (if any)**13. Aadhaar Number (if Permanent Account Number is not available)****14. RA / AR Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State

Country/Region

PIN / ZIP CODE

15. Contact Details

(i) Mobile Number

Country Code

Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (if any)

STD Code

Landline Number

PART E- Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant**16. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**☐

(i) Proof of Identity

☐

(ii) Proof of Address

☐

(iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

17. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative☐

(i) Proof of Identity

☐

(ii) Proof of Address

Verification & Declaration

a. I , in the capacity of(Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect.

Designation.....

Place.....

Date.....

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name: _____

Designation: _____