

[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]

Flat/Door/Building					
Road/Street/Block/Sector					
Post Office					
Area/Locality/Town/City					
District					
State/Union Territory		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				(ii) AO Type		
(iii) Range Code				(iv) AO No.		

PART D - Representative Assessee (RA)/Authorized Representative (AR)**10. RA / AR Name**

First Name

Middle Name

Last Name

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

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory

Country/Region

PIN / ZIP CODE

14. 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**15. 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

16. 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: _____