

9 Telephone Number & Email ID details

Country code	Area/STD Code	Telephone / Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email ID

10 Status of applicant

Please select status, 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 Incase of a citizen of India, then

Please mention your AADHAAR number (if allotted)

13 Source of income

Please select status, 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 [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, 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) and Proof of Address (POA)

I/We have enclosed as proof of identity and as proof of address.
 [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

D D M M Y Y Y Y

Signature/Left Thumb Impression of Applicant (inside the box)