

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 Judicial Person	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

11 Registration Number (for company, firms, LLPs, etc.)

12 In case 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 Gain
<input type="checkbox"/> Income from Business/Professio	Business Profession Code <input type="text"/> (For Code: Refer instructions)
<input type="checkbox"/> Income from House Property	<input type="checkbox"/> Income from Other sources
	<input type="checkbox"/> 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: I 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.	<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	Pin code / Zip code <input type="text"/>

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 DD MM YYYY

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