



<b>8 Address for Communication</b>		<input type="checkbox"/> Office	<input type="checkbox"/> Residence	(Please tick as applicable)																
<b>9 Telephone Number &amp; Email ID details</b>																				
Country code	Area / STD Code	Telephone / Mobile number																		
<input type="text"/>	<input type="text"/>	<input type="text"/>																		
Email Id <input style="width: 80%;" type="text"/>																				
<b>10 Status of applicant</b>																				
Please select status <input checked="" type="checkbox"/> as applicable		<input type="checkbox"/> Government																		
<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu Undivided Family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Association of Persons																
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Judicial Person	<input type="checkbox"/> Limited Liability Partnership																
<b>11 Registration Number (for company, firms, LLPs, etc.)</b>																				
<input style="width: 100%;" type="text"/>																				
<b>12 In case of a citizen of India, then</b>																				
Please mention your AADHAAR number (if allotted)		<input style="width: 80%;" type="text"/>																		
<b>13 Source of Income</b>		Please select status <input checked="" type="checkbox"/> as applicable																		
<input type="checkbox"/> Salary	<input type="checkbox"/> Income from Business/Professio		<input type="checkbox"/> Capital Gain																	
<input type="checkbox"/> Income from House Property	Business Profession Code <input type="text"/>	(For Code: Refer instructions)		<input type="checkbox"/> Income from Other sources																
				<input type="checkbox"/> No Income																
<b>14 Representative Assessee (RA)</b>																				
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.																				
<b>Full Name (Full expanded name: Initials are not permitted)</b>																				
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 style="width: 100%;" type="text"/>																			
First Name	<input style="width: 100%;" type="text"/>																			
Middle Name	<input style="width: 100%;" type="text"/>																			
<b>Address</b>																				
Flat / Room / Door / Block No.	<input style="width: 100%;" type="text"/>																			
Name of Premises / Building / Village	<input style="width: 100%;" type="text"/>																			
Road/ Street / Lane / Post Office	<input style="width: 100%;" type="text"/>																			
Area / Locality / Taluka / Sub Division	<input style="width: 100%;" type="text"/>																			
Town / City / District	<input style="width: 100%;" type="text"/>																			
State / Union Territory	Pin code / Zip code <input style="width: 80%;" type="text"/>																			
<b>15 Documents submitted as Proof of Identity (POI) and Proof of Address (POA)</b>																				
I / We have enclosed <input style="width: 50%;" type="text"/>		as proof of identity and <input style="width: 50%;" type="text"/>																		
as proof of address and <input style="width: 50%;" type="text"/>		as proof of date of birth.																		
[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] <b>[Annexure A, Annexure B &amp; Annexure C are to be used wherever applicable]</b>																				
<b>16 I/We</b> <input style="width: 50%;" type="text"/> <b>, the applicant, in the capacity of</b> <input style="width: 50%;" type="text"/>																				
<b>do hereby declare that what is stated above is true to the best of my /our information and belief.</b>																				
Place	<input style="width: 100%;" type="text"/>																			
Date	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> <tr> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> <td><input style="width: 20px;" type="text"/></td> </tr> </table>				D	D	M	M	Y	Y	Y	Y	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>													
				Signature / Left Thumb Impression of Applicant (inside the box)																