

8 Address for Communication

Residence

Office

*(Please tick as applicable)***9 Telephone Number & Email ID details**

Country Code

Area/STD Code

Telephone / Mobile Number

Email ID

10 Status of applicant*Please select status, as applicable* Individual Hindu undivided family Company Partnership Firm Government Association of Persons Trusts Body of Individuals Local Authority Artificial Juridical Person 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* Salary Capital Gains Income from Business/ProfessionBusiness/Profession Code [For Code: Refer instructions] Income from Other sources Income from House Property 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: 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 / Zip code

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

D D M M Y Y Y Y

Date

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