



<b>8 Address for Communication</b>	<input type="checkbox"/> Residence <input type="checkbox"/> Office	<i>(Please tick as applicable)</i>
<b>9 Telephone Number &amp; Email ID details</b>		
Country Code	Area/STD Code	Telephone / Mobile Number
_ _	_ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _
Email ID <table border="1" style="width:100%; height: 20px;"></table>		
<b>10 Status of applicant</b>		
<i>Please select status, <input checked="" type="checkbox"/> as applicable</i>		
<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"/> Association of Persons
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority
<input type="checkbox"/> Artificial Juridical Person	<input type="checkbox"/> Limited Liability Partnership	
<b>11 Registration Number (for company, firms, LLPs, etc.)</b>		
<table border="1" style="width:100%; height: 20px;"></table>		
<b>12 In case of a citizen of India, then</b>		
Please mention your AADHAAR number (if allotted) <table border="1" style="width:100%; height: 20px;"></table>		
<b>13 Source of Income</b>		
		<i>Please select status, <input checked="" type="checkbox"/> as applicable</i>
<input type="checkbox"/> Salary	<input type="checkbox"/> Income from Business/Profession	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from House Property	Business/Profession Code <table border="1" style="width:40px; height: 15px;"></table> [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>		
<i>Please select title, <input checked="" type="checkbox"/> as applicable</i> <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s		
Last Name / Surname	<table border="1" style="width:100%; height: 15px;"></table>	
First Name	<table border="1" style="width:100%; height: 15px;"></table>	
Middle Name	<table border="1" style="width:100%; height: 15px;"></table>	
<b>Address</b>		
Flat/Room/Door/Block No.	<table border="1" style="width:100%; height: 15px;"></table>	
Name of Premises/Building/Village	<table border="1" style="width:100%; height: 15px;"></table>	
Road/Street/Lane/Post Office	<table border="1" style="width:100%; height: 15px;"></table>	
Area/Locality/Taluka/Sub-Di vision	<table border="1" style="width:100%; height: 15px;"></table>	
Town/ City / District	<table border="1" style="width:100%; height: 15px;"></table>	
State / Union Territory	Pincode / Zip code	<table border="1" style="width:80px; height: 15px;"></table>
<b>15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)</b>		
I/We have enclosed <table border="1" style="width:400px; height: 20px;"></table> as proof of identity and <table border="1" style="width:150px; height: 20px;"></table> 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]		
<b>16</b> I/We <table border="1" style="width:300px; height: 20px;"></table> , the applicant, in the capacity of <table border="1" style="width:150px; height: 20px;"></table> do hereby declare that what is stated above is true to the best of my/our information and belief.		
Place	<table border="1" style="width:300px; height: 20px;"></table>	
Date	D D M M Y Y Y Y	<table border="1" style="width:100%; height: 20px;"></table>
	<table border="1" style="width:100%; height: 20px;"></table>	Signature / Left Thumb impression of Applicant (inside the box)