Form for Changes or Correction in TAN data for TAN allotted under section 203A of the Income Tax Act, 1961

Tax Deduction Account No. (TAN) ☐☐☐☐☐☐☐☐☐☐

1. Category of Deductor :

Tick the appropriate category :

a) Central Government / State Government / Local Authority ☐

b) Statutory / Autonomous Bodies ☐

c) Comapny ☐

d) Branch of a Company ☐

e) Individual / Hindu Undivided Family (Karta) ☐

f) Branch of Individual Business (Sole proprietorship concern) / Hindu Undivided Family (Karta) ☐

g) Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridicial Person ☐

h) Branch of Firm/Association of Persons/Association of Persons (Trusts)/Body of Individuals/Artificial Juridicial Person ☐

2. Name : - (Fill only one of the columns 'a' to 'h' whichever is applicable.)

(a) Central / State Government :

Tick the appropriate caegory — Central Government ☐ State Government ☐ Local Authority(Central Govt.) ☐ Local Authority (State Govt.) ☐

Name of Office

Name of Organisation

Name of Department

Name of Ministry

Designation of the person responsible for making the payment

(b) Statutory / Autonomous bodies :

Tick the appropriate category — Statutory Body ☐ Autonomous Body ☐

Name of Office

Name of Organisation

Designation of the person responsible for making the payment

(c) Company : [This column is applicable only if TAN is allotted to a company as a whole, if separate TAN is applied for different divisions / branches, please fill details in (d) 'Branch / Division of a Company' only]

Tick the appropriate category

Government Company / Corporation established under a Central Act ☐ Government Company / Corporation established under a State Act ☐ Other Company ☐

Title (M/s.) ☐ Tick, if applicable

Name of Company

Designation of the person responsible for making the payment

(d) Branch / Division of a Company :

Tick the appropriate category

Government Company / Corporation established under a Central Act ☐ Government Company / Corporation established under a State Act ☐ Other Company ☐

Title (M/s.) ☐ Tick, if applicable

Name of Company

Name of Division

Name / Location of Branch

Designation of the person responsible for making the payment

(e) Individual / Hindu Undivided Family (Karta) : - [for branch of Individual / HUF, please fill details in (f) only]

Tick the appropriate category Individual ☐ Hindu Undivided Family ☐

Title (Tick the appropriate entry for individual) Shri ☐ Smt. ☐ Kumari ☐

Last name / Surname

First name

Middle name

(f) Branch of Individual Business (Sole proprietorship concern) / Hindu Undivided Family (Karta) :

Tick the appropriate category Branch of Individual business ☐ Branch of Hindu Undivided Family ☐

Individual / Hindu Undivided Family (karta):

Title (Tick the appropriate entry for individual) Shri ☐ Smt. ☐ Kumari ☐

Last name / Surname

First name

Middle name

Name / Location of branch

(g) Firm / Association of persons / Association of persons (Trusts) / Body of Individuals / Artificial Juridical Person :

[for branch of firm / AOP / AOP (Trust) / BOI / Artificial Juridicial Person, please fill details in (h) only]

(h) Branch of Firm / Association of persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person :

Name of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person :

Name / Location of branch

3. Address

Flat / Door / Block No.

Name of Premises / Building

Road / Street / Lane

Area / Locality

Town / City / District

State / Union Territory

PIN Code

Telephone No. STD Code Phone No.

E-mail IDs a)

b)

4. Nationality of Deductor (Tick the appropriate category) Indian Foreign

5. Permanent Account Number (PAN) - (specify wherever applicable)

6. Mention other Tax Deduction Account Number (TAN/s) allotted to you, that need to be surrendered / cancelled

TAN 1 **TAN 3**

TAN 2 **TAN 4**

Verification

I / We, in my / our capacity as do hereby declare that what is stated above is true to the best of my / our knowledge and belief.

Verified today this day of Year

at : _____

Signed (Applicant)