

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) Company

- 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 Juridical Person

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

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

(a) Central / State Government:

Tick the appropriate category 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 Juridical Person, please fill details in (h) only]

Three rows of empty boxes for entering details.

(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:

Three rows of empty boxes for entering the name of the firm.

Name/Location of branch

One row of empty boxes for entering the name/location of the branch.

3 Address

Flat / Door / Block No.

One row of empty boxes for Flat / Door / Block No.

Name of Premises / Building

One row of empty boxes for Name of Premises / Building.

Road / Street / Lane

One row of empty boxes for Road / Street / Lane.

Area / Locality

One row of empty boxes for Area / Locality.

Town / City / District

One row of empty boxes for Town / City / District.

State / Union Territory

One row of empty boxes for State / Union Territory.

PIN code

Five empty boxes for PIN code.

Tel. No.

STD Code [5 empty boxes] Phone No. [15 empty boxes]

e-mail IDs a)

One row of 25 empty boxes for e-mail IDs a).

b)

Two rows of 25 empty boxes for e-mail IDs b).

4 Nationality of Deductor (Tick the appropriate category)

Indian

Foreign

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

One row of 10 empty boxes for PAN.

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

TAN 1 [10 empty boxes] TAN 3 [10 empty boxes]

TAN 2 [10 empty boxes] TAN 4 [10 empty boxes]

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 thisday of Year.....at.....

Large empty box for signature.

Signed (Applicant)