# FORM NO. 94

## [See rule 158]

### Application for Allotment of Permanent Account Number

### [For an Indian Company / an Entity incorporated in India / an Unincorporated Entity formed in India]

| Sr. No. | Part A - Personal Information |
|---|---|

**1. Name**

**2. Date of Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons**

D D M M Y Y Y Y

**3. Office Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory Country/Region PIN / ZIP CODE

**4. Communication Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory Country/Region PIN / ZIP CODE

**5. Status** *(select one as applicable)*

Tick Hindu Undivided Family Tick Company Tick Firm Tick Association of Persons, whether incorporated or not

Tick Body of Individuals, whether incorporated or not Tick Local Authority Tick Artificial Judicial Person

Tick Government Tick Trust Tick Limited Liability Partnership

**6. Registration Number** *(for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals, Artifical Juridicial Person and Trust)*

**7. Contact Details**

(i) Mobile Number Country Code Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code *(if any)* STD Code Landline Number

## PART B- Source of Income

**8. Source of Income** *(select one or more)*

Tick Salary Tick Income from Business/Profession Tick Income from House Property

Tick Capital Gains Tick Income from Other Sources Tick No Income

## PART C - Assessing Officer (AO Code)

**9. Assessing Officer** (AO Code)

(i) Area Code (ii) AO Type

(iii) Range Code (iv) AO No.

## PART D - Representative Assessee (RA)/Authorized Representative (AR)

**10. RA / AR Name**

First Name

Middle Name

Last Name

**11. Permanent Account Number** *(if any)*

**12. Aadhaar Number** (*if Permanent Account Number is not available*)

**13. RA / AR Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory | Country/Region | PIN / ZIP CODE

**14. Contact Details**

(i) Mobile Number | Country Code | Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (*if any*) | STD Code | Landline Number

## PART E- Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant

**15. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**

Tick (i) Proof of Identity Tick (ii) Proof of Address Tick (iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

**16. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative**

Tick (i) Proof of Identity Tick (ii) Proof of Address

### *Verification & Declaration*

a. I , …….....…., in the capacity of ….....……..(Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect

Designation…....

Place……

Date….....

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name: _____

Designation: _____