
PART B

[Verification by the person who has received declaration(s) in Part-A from the declarant(s) and responsible for paying the income in respect of which this declaration is made]

	Details of the person responsible for paying income		
1.	Name		
2.	Address		
3.	Tax Deduction and Collection Account Number		
4.	Permanent Account Number		
5.	Email id		
6.	Contact number		
7.	Tax Year		
Details of the declarant and the declarations received			
8.	Name of the declarant		
9.	Permanent Account Number		
10.	Unique Identification Number		
11.	Date of Birth/Incorporation		
12.	Address		
13.	Email id		

14.	Contact number	Country Code	Number
15.	Estimated income for which declaration is made (Sr.10 of Part A)		
16.	Estimated total income of the tax year of the declarant (Sr. 13 of Part A)		
17.	Aggregate amount of income for which declaration is made during the tax year (Sr. 12 of Part A)		
18.	Date on which declaration is received		

DECLARATION

I/We _____ having Permanent Account Number _____ hereby certify that the information pertaining to the declarant(s) above has been duly furnished as received in Part-A from the declarant(s) and is accurately reported to the best of my knowledge and belief.

Place:

Signature of the person responsible for
paying the income

Date:

Name:

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Declaration can be furnished by an individual being a resident under section 393(6)[Table: Sl. No. 1] or by any person, not being a company or a firm or an individual covered in section 393(6)[Table: Sl. No. 1], under section 393(6)[Table: Sl. No. 2].
4. Fill 'residential status' as (i) Resident (ii) Non-resident (iii) Resident but not ordinarily resident.
5. This application is applicable for following incomes, please fill as applicable:
 - (a) payment of accumulated balance due to an employee participating in recognized provident fund
 - (b) insurance commission for soliciting or procuring insurance business including business related to continu- ance, renewal, or revival of the insurance policies.
 - (c) rent from a specified person
 - (d) income in respect of (i) units of a mutual fund, or (ii) units from the Administrator of the specified undertak- ing, or (iii) units from the specified company