# 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: _____