

## FORM NO. 135

**Form for application for allotment of Tax Deduction and Collection Account Number  
[TAN] under section 397 of Act**  
**[For entities other than government entity]**

<b>PART I : Personal Details of the applicant</b>			
<b>Select only one of the columns 'A' to 'G', whichever is applicable</b>			
<b>(A)</b>	<b>Individual</b>		
1	Name	<i>(refer Note 1)</i>	
2	Address	<i>(refer Note 2)</i>	
<b>(B)</b>	<b>Branch of Individual Business (Sole proprietorship concern)</b>		
1	Name of Individual	<i>(refer Note 1)</i>	
2	Name of Branch	<i>(refer Note 1)</i>	
3	Address of Branch	<i>(refer Note 2)</i>	
<b>(C)</b>	<b>LLP / Firm/Association of Persons / Trust / Body of Individual / Artificial Juridical Person/ Hindu undivided Family</b>		
1	Name	<i>(refer Note 1)</i>	
2	Registration number, if any	<i>(refer Note 3)</i>	
3	Details of person responsible for deduction/collection of tax	Name	<i>(refer Note 1)</i>
		Designation	<i>(refer Note 4)</i>
		Permanent Account Number	
		Contact Number	
4	Address	<i>(refer Note 2)</i>	
<b>(D)</b>	<b>Branch of LLP/Firm/Association of Persons/Trust/ Body of Individual/Artificial Juridical Person/ Hindu undivided Family</b>		
1	Name of LLP/firm /Association of Persons/ Association of Persons (trusts)/ Body of Individual / Artificial Juridical Person	<i>(refer Note 1)</i>	
2	Registration number, if any	<i>(refer Note 3)</i>	
3	Name of Branch	<i>(refer Note 1)</i>	
4	Address of Branch	<i>(refer Note 2)</i>	
5	Details of person responsible for deduction/collection of tax	Name	<i>(refer Note 1)</i>
		Designation	<i>(refer Note 4)</i>
		Permanent Account Number	
		Contact Number	

<b>(E)</b>	<b>Company</b> <i>(tick relevant box) (refer Note 7)</i>	<input type="checkbox"/> Central Government Company/ Company established by Central Act			
		<input type="checkbox"/> State Government Company/ Company established by State Act			
		<input type="checkbox"/> Public Limited Company			
		<input type="checkbox"/> Private Limited Company			
		<input type="checkbox"/> One Person Company			
		<input type="checkbox"/> Section 8 Company			
		<input type="checkbox"/> Other Company			
1	Name	<i>(refer Note 1)</i>			
2	Corporate Identity Number (CIN)				
3	Details of person responsible for deduction/collection of tax	Name  Designation  Permanent Account Number  Contact Number	<i>(refer Note 1)</i>		
4	Address	<i>(refer Note 2)</i>			
<b>(F)</b>	<b>Branch / Division of a Company</b> <i>(tick relevant box)</i>	<input type="checkbox"/> Central Government Company/ Incorporation established by Central Act			
		<input type="checkbox"/> State Government Company/Incorporation established by State Act			
		<input type="checkbox"/> Public Limited Company			
		<input type="checkbox"/> Private Limited Company			
		<input type="checkbox"/> One Person Company			
		<input type="checkbox"/> Section 8 Company			
		<input type="checkbox"/> Other Company			
1	Name of Company	<i>(refer Note 1)</i>			
2	Corporate Identity Number (CIN)				
3	Name of Branch/Division	<i>(refer Note 1)</i>			
4	Address of Branch/Division	<i>(refer Note 2)</i>			
5	Details of person responsible for deduction/collection of tax	Name  Designation  Permanent Account Number  Contact Number	<i>(refer Note 1)</i>		
<b>(G)</b>	<b>Statutory/autonomous bodies</b> <i>(tick relevant box)</i>	<input type="checkbox"/> Statutory Body			
		<input type="checkbox"/> Autonomous Body			
		1	Name of Office	<i>(refer Note 1)</i>	
		2	Name of Organisation	<i>(refer Note 1)</i>	
		3	Details of person responsible for deduction/collection of tax	Name  Designation  Permanent Account Number  Contact Number	<i>(refer Note 1)</i>
		4.	Address	<i>(refer Note 2)</i>	

<b>Part II: Other Details of the applicant</b>			
1	Date of Birth/ Date of incorporation, whichever is applicable	(refer Note 5)	
2	Permanent Account Number	(refer Note 6)	
3	Nationality (tick relevant box), if applicable	<input type="checkbox"/> Indian <input type="checkbox"/> Foreign	
4	Email id		
5	Contact number	Country Code	Number
6.	TDS Assessing Officer Code		
7.	Other details to be provided as separate enclosure	(refer Note 8)	

### **DECLARATION**

a. I ..... having Permanent Account Number ..... am liable to \*deduct/collect tax in accordance with Chapter XIX-B of Income-tax Act, 2025.

b. I have enclosed

As **Proof of Identity**

As **Proof of Address** and

As **Proof of Date of Birth/Incorporation**

c. I ..... in the capacity of (Self/.....) do hereby declare that what stated above is true to the best of my knowledge and belief.

d. I declare that the applicant does not possess TAN and shall be liable for legal consequences if this declaration is found to be incorrect.

Place: .....

Date: .....

Signature

Name:

#### **Notes:**

1. The 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. Registration number is mandatory for LLP.
4. In case of HUF, the designation shall be 'Karta'.
5. Date of birth/Date of incorporation shall be of the applicant. In case of branch/division, Date of incorporation shall be of the branch/division.
6. Permanent Account Number shall be of the applicant. In case of branch/division, Permanent Account Number shall be of the parent entity.

7. This column is applicable only if a single TAN is applied for the whole company. If separate TAN is applied for different divisions/branches, please fill details in (F).
8. Enclose documents as proof of identity, address and date of birth/incorporation as specified in **Rule 216**.
9. Some of the information in the form would be pre-filled to the extent possible.
10. \* Delete whichever is inapplicable.