

FORM NO. 150

Form for furnishing accountant certificate under section 398(2) of the Act

Part A

Particulars of the seller		
1.	Name	<i>(refer Note 1)</i>
2.	Address	<i>(refer Note 2)</i>
3.	Permanent Account Number	<i>(refer Note 3)</i>
4.	Tax Deduction and Collection Account Number, if applicable	
Particulars of the person responsible for collecting tax		
5.	Name	<i>(refer Note 1)</i>
6.	Address	<i>(refer Note 2)</i>
7.	Permanent Account Number	
Particulars of the buyer		
8.	Name	<i>(refer Note 1)</i>
9.	Address	<i>(refer Note 2)</i>
10.	Permanent Account Number	
Particulars of transactions		
11.	Amount received from/debited to the account of the buyer after—	
	(a) non-collection of tax	
	(b) short-collection of tax	
	(c) Total (a)+(b)	
12.	Amount of interest under section 398(3)(a) on amount referred to in 11(c) above	
	13.	Whether the interest referred to in Sl. No. 12 above, has been paid
14.	If answer to Sl. No. 13 above is yes, please provide details of such payment	
	Challan Details	
BSR Code of the bank	Challan Serial Number	Date of deposit through challan
or		
Book Identification Number <i>(refer Note 4)</i>		
Receipt Number (first seven digits of BIN)	Receipt Number (first seven digits of BIN)	Date of deposit through challan

DECLARATION

I..... (name of the person responsible for the collection of tax) having permanent account number in the case of (name of the seller) declare and state that above details are true and correct.

Further, a certificate from an accountant certifying that the payee has fulfilled all the conditions mentioned in 398(2) of the Act is enclosed as Annexure A to this Form.

Place:

Signature of the person responsible for collection of tax

Date:

Name:

Designation:

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/Block number iii. Road/Street/Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. In case of Government collectors, for “Permanent Account Number”, shall be mentioned as “PANNOTREQD”.
4. For payment made without production of challan by the Government collector.
5. Some of the information in the form would be pre-filled to the extent possible.
6. Amounts to be filled in ₹ unless otherwise provided.

ANNEXURE A

Certificate of accountant under section 398(2) of the Act for certifying the furnishing of return of income, payment of tax etc. by the buyer/licensee/lessee.

I hereby confirm that I have examined the relevant accounts, documents and records of..... (name and address of the buyer/licensee/lessee) with [Permanent Account Number] for the period ... and hereby certify the following:

i) (seller/licensor/lessor) has received from or debited following sum to the account of (buyer/licensee/lessee) without collection of whole or any part of the tax in accordance with the provisions of Chapter-XIX

Nature of receipt	Date of receipt or debit	Sl. No. of Section 394 under which tax was collectible	Amount received or debited	Amount of tax collectible	Details of amount collected, if any	
					Amount collected	Date of collection

ii) The buyer or licensee or lessee, has furnished his return of income for the tax year..... relevant to the receipt referred to in (i) above. The details of return of income filed by the buyer/licensee/lessee are as under—

Date of filing of return of income	Acknowledgement number of return filed	Amount of taxable income as per return filed	Tax due on the income declared in return	Details of tax paid

iii) The payee or buyer or licensee or lessee has taken into account the sum referred to in (i) for computing his taxable income in return of income filed by him, the details of which are as under:

Payment on which tax has not been collected	Head of income under which payment is accounted for	Gross payment under the head of income under which the payment is accounted for	Amount of taxable income under the head of income under which the payment is accounted for

iv) It has been ensured that the information furnished is true and correct in all respects and no relevant information has been concealed or withheld.

v) Neither I, nor any of my partners, is a director, partner or an employee of the above-mentioned entities or its associated concerns.

Verification

I having Permanent Account Number fully understand that any statement made in this certificate, if proved incorrect or false, will render me liable for any penal or other consequences as may be prescribed in law or is otherwise warranted.

Place
Date

Signature

Name of the Accountant.....

Designation.....
Membership Number.....
UDIN Details, if any.....
Name of the proprietorship/ firm.....
Firm Registration Number.....

Notes:

*Delete whichever is not applicable

This certificate is to be given by—

(i) a chartered accountant within the meaning of the Chartered Accountants Act, 1949 (38 of 1949); or

(ii) any person, who in relation to any State, is by virtue of the provisions in Chapter X of the Companies Act, 2013 entitled to be appointed to act as an auditor of companies registered in the State.