

FORM NO. 165

Statement of Specified Financial Transactions under section 508 (1) of the Income-tax Act, 2025

PART A: STATEMENT DETAILS

(This information should be provided for each Statement submitted together)

A.1	REPORTING ENTITY DETAILS		
A.1.1	Reporting Entity Name		
A.1.2	Income-Tax Department Reporting Entity Identification Number	<input type="text"/>	
A.2	STATEMENT DETAILS		
A.2.1	Statement Type	<input type="text"/> <input type="text"/>	Insert 2 character code
A.2.2	Statement Number		
A.2.3	Original Statement Id		
A.2.4	Reason for Correction	<input type="text"/>	Insert 1 character code
A.2.5	Statement Date		
A.2.6	Reporting Period		
A.2.7	Report Types	<input type="text"/> <input type="text"/>	Insert 2 character code
A.2.8	Number of Reports		
A.3	PRINCIPAL OFFICER DETAILS		
A.3.1	Name		
A.3.2	Designation		
A.3.3	Address		
A.3.4	City / Town		
A.3.5	Postal Code		
A.3.6	State Code	<input type="text"/> <input type="text"/>	Insert 2 character code
A.3.7	Country Code	<input type="text"/> <input type="text"/>	Insert 2 character code
A.3.8	Telephone		
A.3.9	Mobile		
A.3.10	Email		

PART B: REPORT DETAILS FOR PERSON BASED REPORTING

B.1	REPORT NUMBER (To be provided for each person being reported)	
B.1.1	Report Serial Number	
B.1.2	Original Report Serial Number	
B.2	PERSON DETAILS FOR AGGREGATED FINANCIAL TRANSACTIONS	
B.2.1	For Persons having PAN	
B.2.1.1	Person Name	
B.2.1.2	Person Type	<input type="text"/> <input type="text"/> Insert 2 character code
B.2.1.3	Father's Name (for Individuals)	
B.2.1.4	PAN	<input type="text"/>
B.2.1.5	Address	
B.2.1.6	Postal Code	
B.2.1.7	State Code	
B.2.1.8	Country Code	
B.2.2	For Persons having No PAN	
B.2.2.1	Person Name	
B.2.2.2	Person Type	
B.2.2.3	Father's Name (for Individuals)	
B.2.2.4	Aadhaar Number (for Individuals)	
B.2.2.5	Form 97 Acknowledgement	
B.2.2.6	Identification Type	<input type="text"/> Insert 1 character code
B.2.2.7	Identification Number	
B.2.2.8	Date of Birth/ Incorporation	
B.2.2.9	Nationality/Country of Incorporation	<input type="text"/> <input type="text"/> Insert 2 character code
B.2.2.10	Business or occupation	
B.2.2.11	Address	
B.2.2.12	Address Type	<input type="text"/> Insert 1 character code
B.2.2.13	City / Town	

B.2.2.14	Postal Code		
B.2.2.15	State Code	<input type="text"/>	Insert 2 character code
B.2.2.16	Country Code	<input type="text"/>	Insert 2 character code
B.2.2.17	Mobile/Telephone Number		
B.2.2.18	Other Contact Number		
B.2.2.19	Email		
B.2.3	Number of persons if Financial Transaction is undertaken in joint name	<input type="text"/>	Insert 2 character code
B.2.3.1	Names of persons engaged in the transaction jointly	(Repeat, if required)	
B.2.3.2	PAN of person/ persons engaged in the transaction jointly	(Repeat, if required)	
B.3	FINANCIAL TRANSACTION SUMMARY		

B.3.1	Product Type	<input type="text"/>	Insert 2 character code
B.3.2	Aggregate gross amount received from the person		
B.3.3	Aggregate gross amount received from the person in cash		
B.3.4	Aggregate gross amount paid to the person		
B.4	FINANCIAL TRANSACTION DETAILS (To be provided for each distinctive product)		
B.4.1	Product Identifier		
B.4.2	Last Date of Transaction		
B.4.2	Aggregate gross amount received from the person		
B.4.4	Aggregate gross amount received from the person in cash		
B.4.5	Aggregate gross amount paid to the person		
B.4.6	Whether Time Deposit is created by Auto-sweep?	<input type="text"/>	Insert 1 character code
B.4.7	Parent Account Number related to Time Deposit created by Auto Sweep		

PART C: REPORT DETAILS FOR BANK/POST OFFICE ACCOUNT(ACCOUNT BASED REPORTING)

(This information should be provided for each Account being reported)

C.1	REPORT NUMBER (To be provided for each account being reported)		
C.1.1	Report Serial Number		
C.1.2	Original Report Serial Number		
C.2	ACCOUNT DETAILS		
C.2.1	Account Type	<input type="text"/> <input type="text"/>	Insert 2 character code
C.2.2	Account Number		
C.2.3	Account Holder Name		
C.2.4	Account Status	<input type="text"/>	Insert 1 character code
C.2.5	Branch Reference Number		
C.2.6	Branch Name		
C.2.7	Branch Address		
C.2.8	City Town		
C.2.9	Postal Code		
C.2.10	State Code	<input type="text"/> <input type="text"/>	Insert 2 character code
C.2.11	Country Code	<input type="text"/> <input type="text"/>	Insert 2 character code
C.2.12	Telephone		
C.2.13	Mobile		
C.2.14	Email		
C.3	ACCOUNT SUMMARY		
C.3.1	Aggregate gross amount credited to the account in cash		
C.3.2	Aggregate gross amount debited to the account in cash		
C.4	PERSON DETAILS (To be provided for each person related to the account)		

C.4.1.6	Address	
C.4.1.7	Postal Code	
C.4.1.8	State Code	
C.4.1.9	Country Code	
C.4.2	For Persons having No PAN	
C.4.2.1	Person Name	
C.4.2.2	Person Type	
C.4.2.3	Father's Name (for Individuals)	
C.4.2.4	Aadhaar Number (for Individuals)	
C.4.2.5	Form 97 Acknowledgement	
C.4.2.6	Identification Type	<input type="checkbox"/> Insert 1 character code
C.4.2.7	Identification Number	
C.4.2.8	Date of Birth/ Incorporation	
C.4.2.9	Nationality/Country of Incorporation	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
C.4.2.10	Business or Occupation	
C.4.2.11	Address	
C.4.2.12	Address Type	<input type="checkbox"/> Insert 1 character code
C.4.2.13	City / Town	
C.4.2.14	Postal Code	
C.4.2.15	State Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
C.4.2.16	Country Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
C.4.2.17	Mobile/Telephone Number	
C.4.2.18	Other Contact Number	
C.4.2.19	Email	

**PART D: REPORT DETAILS FOR IMMOVABLE PROPERTY TRANSACTIONS/STAMP PAPER
BASED REPORTING**

(This information should be provided for each Transaction being reported)

D.1	REPORT NUMBER (To be provided for each account being reported)	
D.1.1	Report Serial Number	
D.1.2	Original Report Serial Number	
D.2 TRANSACTION DETAILS		
D.2.1	Transaction Date	
D.2.2	Transaction Identity	
D.2.3	Transaction Type	<input type="checkbox"/> Insert 1 character code
D.2.4	Transaction Amount	
D.2.5	Cash in Transaction Amount	
D.2.6	Property Type	<input type="checkbox"/> Insert 1 character code
D.2.7	Whether property is within municipal limits	<input type="checkbox"/> Insert 1 character code
D.2.8	Property Address	
D.2.9	City / Town	
D.2.10	Postal Code	
D.2.11	State Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.2.12	Country Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.2.13	Stamp Valuation of Property for determination of Stamp Duty	
D.2.14	Value of Stamp paper (applicable for Stock Holding Corporation of India Ltd)	
D.3 PERSON DETAILS ((To be provided for each person related to the transaction)		
D.3.1 For Persons having PAN		
D.3.1.1	Transaction Relation	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.3.1.2	Transaction Amount related to the person	
D.3.1.3	Person Name	
D.3.1.4	Person Type	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.3.1.5	Father's Name (for Individuals)	
D.3.1.6	PAN	<input type="checkbox"/>
D.3.1.7	Address	
D.3.1.8	Postal Code	
D.3.1.9	State Code	

D.3.1.10	Country Code	
D.3.2	For Persons having No PAN	
D.3.2.1	Person Name	
D.3.2.2	Person Type	
D.3.2.3	Father's Name (for Individuals)	
D.3.2.4	Aadhaar Number (for Individuals)	
D.3.2.5	Form 97 Acknowledgement (not applicable for item D.2.14)	
D.3.2.6	Identification Type	<input type="checkbox"/> Insert 1 character code
D.3.2.7	Identification Number	
D.3.2.8	Date of Birth/ Incorporation	

D.3.2.9	Nationality/Country of Incorporation	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.3.2.10	Address	
D.3.2.11	City / Town	
D.3.2.12	Postal Code	
D.3.2.13	State Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.3.2.14	Country Code	<input type="checkbox"/> <input type="checkbox"/> Insert 2 character code
D.3.2.15	Mobile/Telephone Number	
D.3.2.16	Other Contact Number	
D.3.2.17	Email	

Verification

I..... (name of designated director) having Permanent Account Number (PAN)....., in my capacity as designated director of..... hereby certify that all the particulars furnished above are correct and complete.

Place:

.....
Signature of the designated director

Date:

.....
Name of the designated director