## FORM NO. 15G

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A (1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

				PART I				
1. Name of Assessee (Declarant)					2. PAN of the Assessee <sup>1</sup>			
3. Status <sup>2</sup>	4. Previous year(P.Y.) <sup>3</sup> (for which declaration is bei			5. Residential Status <sup>4</sup>				
6. Flat/Door/Block No.	7. Nam	7. Name of Premises			8. Road/Street/Lane		9. Area/Locality	
10. Town/City/District	11. Sta	te			12. PIN		13. Email	
14. Telephone No. (with S' Code) and Mobile No.	15 (a) Whether assessed to t Income-tax Act, 1961			<sup>5</sup> :				
16 Estimated income for v	(b) If yes, latest assessments declaration is made			nent year for which assessed  17. Estimated total income of the P.Y. in which				
10. Estimated income for v	is declaration is made			income mentioned in column 16 to be included <sup>6</sup>				
18. Details of Form No. 15G other than this form filed during the previous year, if any <sup>7</sup>								
Total No. of Fori	5G filed	G filed Aggre		gate amount of income for which Form No.15G filed				
10. D 11. 01.			,					
19. Details of income for which the declaration is filed  Sl. Identification number of relevant Nature of income Section under which tax Amount of income								
No. investment/account, etc. <sup>8</sup>					is deductible			
							JUK	
Signature of the Declarant <sup>9</sup> *I/We								
[To be filled by the person responsible for paying the income referred to in column 16 of Part I]								
1. Name of the person responsible for paying					2. Unique Identification No. <sup>11</sup>			
3. PAN of the person responsible for paying	4. Co	4. Complete Address			5. TAN of the person responsible for paying			
6. Email	7. Te	Telephone No. (with STD Code)			) and Mobile No.	8. Am	ount of income paid <sup>12</sup>	
9. Date on which Declaration is received (DD/MM/YYYY)					10. Date on which the income has been paid/credited (DD/MM/YYYY)			
Place:					Signature of	of the perso	on responsible for paying o in column 16 of Part I	