## FORM NO. 15G

[See section197A(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				
3. Status <sup>2</sup>			4. Previous year(P.Y.) <sup>3</sup> (for which declaration is bei					ntial Status <sup>4</sup>		
6. Flat/Door/Block No.		7. Name of Premises			1	8. Road/Street/Lane		9. Area/Locality		
10. Town/City/District		11. State				12. PIN		13. Email		
14. Telephone No. (with STD Code) and Mobile No.			15 (a) Whether assessed to ta Income-tax Act, 1961 <sup>5</sup> : (b) If yes, latest assessmen							
16. Estimated income for which this declaration								e of the P.Y. in which nn 16 to be included <sup>6</sup>		
18. Details	of Form No. 15G ot	her than	this form	filed duri	ng the previ	ous year, if any	7			
Total No. of Form No. 15G filed					Aggregate amount of income for which Form No.15G filed					
19. Details	of income for which	the decl	aration is	filed						
SI. No.	Identification num investment/accoun	elevant Nature of		f income	Section under which tax is deductible		Amount of income			
				Dodovat	ion/Verifica	otion <sup>10</sup>		Signature of the Declarant <sup>9</sup>		
complete and person unde	d is truly stated. *I/W r sections 60 to 64 o	e declare f the Inc	e that the ome-tax	are that to to incomes re Act, 1961.	the best of *referred to in *I/We furth	my/our knowled this form are no ner declare that t	t includible the tax *on	ef what is stated above is correct, in the total income of any other my/our estimated total income		
accordance v year* *income/inc	with the provisions owill be nil. *I/We	f the Inco e also dec in colun	ome-tax A clare that nn 18 fe	Act, 1961, 1 *my/our *i	for the previ income/inco evious year	ous year ending mes referred to r ending on	onin column	rred to in column 18 computed in relevant to the assessment 16 *and the aggregate amount of . relevant to the assessment		
Place	:						-64 5			
Date: Signature of the Declarant <sup>9</sup>										

## $\label{eq:PARTII} PART\,II$ [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	le for paying		2. Unique Identification No. <sup>11</sup>			
3. PAN of the person responsible for paying	4. Complete Address		5. TAN of the person responsible for paying			
6. Email	Code) and Mobile I	No.	8.Amount of income paid <sup>12</sup>			
9. Date on which Declar (DD/MM/YYYY)	ration is received	10. Date on which the income has been paid/credited (DD/MM/YYYY)				
Place:		Signatu	ure of	the person responsible for paying eferred to in column 16 of Part I		

<sup>1</sup>As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

<sup>2</sup>Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

<sup>3</sup>The financial year to which the income pertains.

<sup>4</sup>Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.

<sup>5</sup>Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

<sup>6</sup>Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

<sup>7</sup>In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration(s) have been filed.

<sup>8</sup>Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

<sup>9</sup>Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

<sup>10</sup>Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

- (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
- (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

The person responsible for paying the income referred to in column 16 of Part I shall allot a unique identification number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No.15G and Form No.15H.

<sup>12</sup>The person responsible for paying the income referred to in column 16 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 16 and 18.;

<sup>\*</sup>Delete whichever is not applicable.