FORM NO. 134

[See Rule 216(1)(a)]

Form for application for allotment of Tax Deduction and Collection Account Number [TAN] under section 397 of Act

[In the case of Government Entity]

Sl No	PART A : Personal Details of the applicant	
1	**Category of Deductor/Collector** (tick the appropriate category)	☐ **Central Government** ☐ **State Government** ☐ **Local Authority (Central Government)** ☐ **Local Authority (State Government)**
2	**Name of Local Authority** (ref note 1)	
3	**Name of the State** (ref note 1) (Where category as per Sl. No 1 is State Government)	
4	**Name of the Office** (ref note 1)	
5	**Ofice Address** (ref note 2)	
	Flat/Door/Building	
	Road/Street/Block/Sector	
	Post Office	
	Ares/Locality/Town/City	
	District	
	State/Union Terrtory	PINCODE
6	**Name of Organisation** (ref note 1)	
7	**Name of Department** (ref note 1)	
8	**Name of Ministry** (ref note 1)	
9	**Account Office Name** (ref note 1)	
10	**Accounts Office Identification Number (AIN)**	
11	**Permanent Account Number, if any**	
12	**Official e-mail ID**	
13	**Details of Person responsible for deduction/collection of Tax**	
	First Name	
	Middle Name	
	Last Name	

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	Designation of responsible person																							
	Permanent Account Number																							
	Contact Number	Country code					Mobile Number																	
14	**Contact Number (of applicant)**	STD Code				Tel Number																		
15	**TDS Assessing Officer Code**	Area code				AO Type			Range Code				AO Number											

PART B: Declaration

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

b. I have enclosed Certificate issued by the PAO/ZAO/DTO/CDDO.

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

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

Place

Date

Signature

Name

Designation

Notes

1 The name shall be provided in full

2 The address shall contain i) Flat/Door/Building , ii.) Road/Street/Block/Sector, iii.) PIN/ZIP, iv) Post Office, v.) Area/Locality, vi) District, vii.) State

3 Some of the information of the form will be prefilled to the extent possible

4 *. Delete whichever is not applicable

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