

**FORM NO. 15G**

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

**Declaration under section 197A(1) and section 197A(1A) claiming income without deduction of tax**

| PART I                                                                          |                                   |                                               |                                   |                  |
|---------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|-----------------------------------|------------------|
| 1. Name of Assessee (Declarant): _____                                          |                                   | 2. PAN of Assessee: _____                     |                                   |                  |
| 3. Status: INDIVIDUAL                                                           | 4. Previous Year: 20____ - 20____ |                                               | 5. Residential Status: RESIDENT   |                  |
| 6. Flat/Door/Block No: _____                                                    |                                   | 7. Name of Premises: _____                    |                                   |                  |
| 8. Road/Street: _____                                                           | 9. Area/Locality: _____           |                                               | 10. Town/City: _____              |                  |
| 11. State: _____                                                                |                                   | 12. PIN Code: _____                           |                                   |                  |
| 13. Email ID: _____                                                             |                                   | 14. Telephone / Mobile: _____                 |                                   |                  |
| 15. (a) Whether assessed to tax under IT Act, 1961?: [ ] Yes [ ] No             |                                   |                                               | (b) Latest assessment year: _____ |                  |
| 16. Estimated income for declaration: Rs. _____                                 |                                   | 17. Estimated total income of P.Y.: Rs. _____ |                                   |                  |
| 18. Form 15G filed during P.Y.: Total No. = ____   Aggregate Income = Rs. _____ |                                   |                                               |                                   |                  |
| 19. Details of income for which declaration is filed:                           |                                   |                                               |                                   |                  |
| Sl No                                                                           | Identification No of Investment   | Nature of Income                              | Section under IT                  | Amount of Income |
| 1                                                                               | _____                             | PF WITHDRAWAL                                 | 192A / 194A                       | Rs. _____        |

**Declaration / Verification**

I/We \_\_\_\_\_ do hereby declare that to the best of my/our knowledge and belief what is stated above is correct, complete and is truly stated. I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. I/We further declare that the tax on my/our estimated total income will be NIL.

Place: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

Signature of the Declarant

| PART II (For use by person responsible for paying income) |                           |                                         |                           |  |
|-----------------------------------------------------------|---------------------------|-----------------------------------------|---------------------------|--|
| 1. Name of person responsible for paying income: _____    |                           | 2. UIN: _____                           |                           |  |
| 3. PAN of Deductor: _____                                 | 4. TAN of Deductor: _____ |                                         | 5. Amount Paid: Rs. _____ |  |
| 6. Date of Receipt: ____ / ____ /20____                   |                           | 7. Date of Payment: ____ / ____ /20____ |                           |  |

Place: \_\_\_\_\_

Signature &amp; Stamp of Person Responsible