

**FORM NO. 78**

[See rule 145]

**Statement of income distributed by an investment fund to be provided to the unit holder under section 224**

<b>Part A: Particulars of the Unit Holder</b>										
<b>1.</b>	Name:							<i>(refer Note 1)</i>		
<b>2.</b>	Address:							<i>(refer Note 2)</i>		
<b>3.</b>	Permanent Account Number (PAN):									
<b>4.</b>	E-mail Id:									
<b>5.</b>	Contact Number:						Country Code	Number		
<b>6.</b>	Name of the Investment Fund:									
<b>7.</b>	PAN of the Investment Fund:									
<b>Part B: Other Information</b>										
<b>8.</b>	Tax Year:									
<b>9.</b>	Details of the income or loss (after ignoring the loss under 224(2)(b)) paid or credited/deemed to be credited by the Investment Fund to the unit holder during the tax year:									
	Sl. No.	Amount paid or credited	Date of payment or credit	Breakup of Amount paid / credited under Heads of Income						Others (specify if taxed at special rates)
				'Business or profession'	'Long Term Capital Gains'		'Short Term Capital Gains'		'Dividend'	
					Capital Gains Code <i>(refer Note 3)</i>	Income or Loss	Capital Gains Code <i>(refer Note 3)</i>	Income or Loss		
				Income					Income or Loss	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1.										
2.	<i>(Repeat, if required)</i>									
<b>10.</b>	Details of deemed loss as on 31 <sup>st</sup> March, 2019 in terms of section 224(3) (to be passed to the unit holder holding unit on 31 <sup>st</sup> March, 2019):									
	Sl. No.	Tax Year	Breakup of deemed loss under Head of Income							
			'Long Term Capital Gains'			'Short Term Capital Gains'				
	1.									
2.	<i>(Repeat, if required)</i>									

**Verification**

I, \_\_\_\_\_, hereby affirm that the information provided in this application is true and correct to the best of my knowledge. I have not concealed any relevant fact.

I am submitting this application in my capacity as \_\_\_\_\_ (designation), holding PAN \_\_\_\_\_ and I am competent to verify and submit this application.

Place:

Signature:

Date:

Name:

Designation:

**Notes:**

1. The name shall include full name of the unit holder or the Investment Fund.
2. The address shall include flat/door/building, road/street/block/sector, area/locality, post office, town/city/district, state, country and pin code.
3. In Part B (Sl. No. 9), Capital Gains Code is to be selected from the following: —

Sl. No.	Capital Gains	Code
1.	Long term capital gain chargeable at 12.5% under section 198	1
2.	Long term capital gain chargeable at 12.5% under section other than section 198	2
3.	Long term capital gain chargeable at 20%	3
4.	Short term capital gain chargeable at 20% under section 196	4
5.	Short term capital gain chargeable at 30%	5
6.	Short term capital gain chargeable at applicable rates	6

4. Some of the information in the form would be pre-filled to the extent possible.
5. The amount mentioned in this form is to be filled in rupees unless stated otherwise.