

Application by a person under section 434 for refund of tax deducted

To
The Assessing Officer,

This application is filed to seek refund of the tax deducted and paid to the credit of Central Government, the particulars of which are as under:

Part-A: Details of the Applicant

1.	Name	<i>(Refer Note 1)</i>	
2.	Address	<i>(Refer Note 2)</i>	
3.	Status	<i>(Refer Note 3)</i>	
4.	Name of Father/Husband*	<i>(Refer Note 1)</i>	
5.	Residential status <i>(Select One)</i>	<i>(vii) Resident</i> <i>(viii) Resident but not ordinarily resident</i> <i>(ix) Non-resident</i>	
6.	Permanent Account Number		
7.	Contact details		
	Mobile Number	Country Code	Number
	Email ID		

Part-B: Detail of the Deductee

8.	Name	<i>(Refer Note 1)</i>	
9.	Status	<i>(Refer Note 3)</i>	
10.	Permanent Account Number (if available)		
11.	Tax Identification Number (TIN), if any	<i>(Refer Note 4)</i>	
12.	Contact Details		
	Mobile Number	Country Code	Number
	Email ID		
13.	Country of which the deductee was a resident in the relevant tax Year		

Part-C: Details of agreement or other arrangement

14.	Date of signing the agreement or other arrangement	<i>dd/mm/yyyy</i>
15.	Date on which the agreement or other arrangement came into effect	<i>dd/mm/yyyy</i>
16.	Time Period for which the agreement or other arrangement	

	is effective	https://www.taxheal.com/
17.	Proof of Agreement	(Refer Note 5)
Part-D: Details of transaction on which tax not deductible has been deducted		
18.	Amount of transaction	
19.	Date of transaction	dd/mm/yyyy
20.	Date of payment made	dd/mm/yyyy
21.	(i) Mode of payment	
	(ii) Attach proof of payment of row 21(i)	(Refer Note 5)
22.	Nature of transaction	

Part-E: Details of tax deducted on transaction specified in Part D above

23.	Amount of tax deducted																										
24.	Date of tax deduction	dd/mm/yyyy																									
25.	Date on which the tax deducted was deposited in Government Account	dd/mm/yyyy																									
26.	Details of challan																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S No</th> <th style="width: 15%;">BSR Code</th> <th style="width: 30%;">Date of deposit in Gov- ernment Account</th> <th style="width: 20%;">Serial number of challan.</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		S No	BSR Code	Date of deposit in Gov- ernment Account	Serial number of challan.	Amount																				
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27.	Please explain why no tax was required to be deducted on the income in the relevant transaction																										
28.	(A)	Please state whether tax deducted on similar transaction has been refunded in 3 years prior to the relevant tax year? (Select One)	(i) Yes (ii) No																								
	(B)	If the answer to row 28(A) is yes, then provide following:																									
	(i)	Tax year																									
	(ii)	Date of transaction	dd/mm/yyyy																								
	(iii)	Amount of tax deducted																									
	(iv)	Amount of tax refunded																									
	(v)	Date of order of Commissioner (Appeals) or the Assessing Officer, as the case may be	dd/mm/yyyy																								
	(vi)	Attach copy of Order mentioned in row 28(B)(v)	(Refer Note 5)																								
29.	Please specify other relevant details (if any)	(Refer Note 5)																									

Verification

I, _____ [name in full and in block letters] *son/daughter/spouse of _____ having PAN _____ of _____ [name of the entity], do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and truly stated. I declare that no tax was required to be deducted on the income referred to in this form. I further declare that what is stated in this application is correct. I also declare that I am making this application in my capacity as _____ [designation] and I am also competent to make this application and verify it.

***Delete whichever is not applicable**

Place:

Date:

(Signature)

Name: _____

Designation: _____

Address: _____

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, the name shall be provided in full.
2. The address shall contain (i) Country/Region, (ii) Flat/Door/Building, (iii) Road/Street/Block/Sector, (iv) PIN/ZIP Code, (v) Post Office, (vi) Area/locality, (vii) District, and (viii) State.
3. Fill status as:
 - (i) Individual
 - (ii) Hindu undivided family
 - (iii) Company
 - (iv) Firm
 - (v) Association of persons, whether incorporated or not
 - (vi) Body of individuals, whether incorporated or not
 - (vii) Local Authority
 - (viii) Artificial Juridical Person
 - (ix) Government
 - (x) Trust
 - (xi) Limited Liability Partnership
4. Tax registration number or Tax Identification Number/Functional equivalent or any unique number used for identification of the non-resident by the Government of that country or specified territory of which it claims to be a resident.

5. Attach following documents as mentioned in row 17, 21, 28 and 29 below:

Sl No.	Annexure	Remarks
1.	A-1	Proof of Agreement in row 17.
2.	A-2	Proof of payment in row 21(ii).
3.	A-3	Attach copy of Order in row 28(vi)
4.	A-4	Any other details in row 29.

6. Amount to be filled in ₹ unless otherwise provided.
7. Some of the Information in the form would be pre-filled to the extent possible.