

FORM 401
[See rule 40(3)]

Application for allotment of sales Tax Deduction Account Number under sub-section (8) of section 31 of the Maharashtra Value Added Tax Act, 2002

To

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Sir

Whereas, I/We, the undersigned is/are liable to deduct tax in accordance with sub-section (8) of section 31 of the Maharashtra Value Added Tax Act, 2002 and whereas no tax deduction account number has been allotted to me/us. I/We hereby request that a sales tax deduction account number be allotted to me/us. I/We give below the necessary particulars:-

| | | |
|---|---|--|
| 1 | Category of employer (who has awarded the | |
| | (i) The Central Government and any State Government | |
| | (ii) An Industrial, Commercial or Trailing undertaking, Company or Corporation of the Central Government or of any State Government, whether set up under any law or not, and a Port Trust set up under the Major Ports Act, 1963 | |
| | (iii) A company registered under the Companies Act, 1956 | |
| | (iv) A local authority, including Municipal Corporation, Municipal Council, Zilla Parishad Contonment Board | |
| | (v) A Co-operative Society registered under the Maharashtra Co-operative Society Act, 1960 | |
| | (vi) A registered dealer under the Maharashtra Value Added Tax Act, 2002 | |
| | (vii) An insurance or financial corporation or Company, and any bank included in the second schedule to the Reserve Bank of India Act, 1934, and any Schedule Bank recognized by the Reserve Bank of India | |
| | (viii) Public Trust | |
| | (Please tick the appropriate box) | |

| | | |
|---|---|--|
| 2 | Name of the employer | |
| 3 | Registration Certificate Number under M.V.A.T.Act, 2002, if any | |
| 4 | Address of the Employer | |
| | | |

The above statement are true to best of my knowledge and belief.

Place _____ Signature _____

Date _____ Name and status of the applicant _____

For office use only

Tax Deduction Account No. _____ Dated _____ With effect from _____

Date _____ Name and designation of the Officer _____

Acknowledgement

Received an application in Form 401 for allotment of Tax Deducted Account Number under sub-section (8) of section 31 of the Maharashtra Value Added Tax Act, 2002

Serial No. _____

Name of Employer _____

Address of the Employer _____

Tax Deduction Account No. _____ Dated _____ With effect from _____

Date _____ Name and Designation of Officer _____

Please use Tax Deduction Account No. in all the documents such as TDS certificate, returns, chalans and statements filed by you as required under the provisions of the Act.