# FORM - XXIX

Department of Commercial Taxes, Government of Uttar Pradesh

[See rule-48(1) of the UPVAT Rules, 2008]

**Application for Allotment of Tax Deduction Number**

To,

The Registering Authority,
Sector/.Circle……

Sir,

I----------s/o, d/o, w/o---------- status ---------- hereby apply for the Allotment of Tax Deduction Number under section-35 of UP Value Added Tax Ordinance, 2007. For this purpose particulars of business are given as follows:

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name and Address of Contractee / Purchaser / Government Department | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Phone No., if any | | | | | | | | | | | | | | | | | | | | |
| TIN (if any) | | | | | | | | | | | | w.e.f. | d | d | m | m | y | y | y | y |

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Designation of D.D. O. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Phone No., if any | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name and Address of Individual person, who is working as D. D. O. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Phone No., if any | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|---|---|
| Constitution of Office/ Business | | |
| Branches in U.P. & outside U.P. | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |
| | -- | |

Details of Registration Fee and late fee, if any

| Sl.No. | Description | Amount | Treasury Challan No. | Date | Name of branch of bank |
|---|---|---|---|---|---|
| 1. | Late Fee | | | | |
| 2. | Registration Fee | | | | |

Please allot a Number for making tax deduction at source.

**DECLARATION**

I…….S/o, D/o, W/o…… …… …….

Status……., do hereby declare that the particulars given above are correct and true to the best of my knowledge and belief. I undertake to inform immediately to the registering authority / assessing authority in the Commercial Taxes Department of any change in the above particulars.

Date -

Place -

Signature of authorized person*

Name and designation of authorized person

* This application must be signed by a person who is authorized under rule 32 (6) of Uttar Pradesh Value Added Tax Rules, 2008.

** If there is a change in the Name and Address of Individual person, who is working as D.D.O., Information of that change must be given to the Assessing Officer within 30 days of the occurrence of the event.