FORM NO. 94
[See rule 158]

Application for Allotment of Permanent Account Number
[For an Indian Company / an Entity incorporated in India / an Unincorporated Entity formed in India]

S. No.	Part A - Personal Information	
1	**Name**	
2	**Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons**	D D M M Y Y Y Y
3	**Office Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**Country/Region** **PIN/ZIPCODE**
4	**Communication Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**Country/Region** **PIN/ZIPCODE**
5	**Status** *(select status as applicable)*	☐ Hindu Undivided Family ☐ Company ☐ Firm ☐ Association of Persons, whether incorporated or not ☐ Body of Individuals, whether incorporated or not ☐ Local Authority ☐ Artificial Judicial Person ☐ Government ☐ Trust ☐ Limited Liability Partnership
6	**Registration Number** (for Company, Firm, Limited Liability Partnership, Association of Persons Body of Individuals, Artifical Juridicial Person and Trust)	
7	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code Mobile Number STD Code Landline Number
	Part B- Source of Income	
8	**Source of Income** *(select one or more)*	☐ Salary ☐ Income from Business/Profession ☐ Income from House Property ☐ Capital Gains ☐ Income from Other Sources ☐ No Income
	Part C - Assessing Officer (AO Code)	
9	**Assessing Officer Code (AO Code)**	(i) Area Code (ii) AO Type (iii) Range Code (iv) AO No.
	Part D- Representitive Assessee (RA)/Authorized Representative (AR)	
10	**RA / AR Name** **First Name** **Middle Name** **Last Name**	

11	**Permanent Account Number** *(if any)*	
12	**Aadhaar Number** *(if Permanent Account Number is not available)*	
13	**RA / AR Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**Country/Region** **PIN/ZIPCODE**
14	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code Mobile Number STD Code Landline Number

Part E: Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant

15	**Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**	☐ (i) Proof of Identity ☐ (ii) Proof of Address ☐ (iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons
16	**Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative**	☐ (i) Proof of Identity ☐ (ii) Proof of Address

Verification & Declaration

a. I, ……., in the capacity of …….(Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.
b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect.

Designation…....
Place……
Date….....

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)
Name:_____
Designation: _____

Notes:

1 In S.No. 1, 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, viii. State
3 In S.No. 5, please select status as applicable: i) Hindu Undivided Family; ii) Company; iii) Firm; iv) Association of Persons, whether incorporated or not; v) Body of Individuals, whether incorporated or not; vi) Local Authority; vii) Artificial Judicial Person; viii) Government; ix) Trust; x) Limited Liability Partnership
4 In S.No. 6, Registration Number is mandatory for Company and Limited Liability Partnership.
5 In Part D, it is mandatory to provide details of Representative Assessee (RA) /Authorized Representative (AR) having Indian address.
6 Please refer to the instructions (as specified in Rule 158 of Income-tax Rules, 2026) for list of mandatory certified documents to be submitted as applicable.
7 With respect to S.No. 15 & 16, following documents shall be provided as annexures (as applicable), namely:

Annexure		Particulars
A-1		Proof of Identity
A-2		Proof of Address
A-3		Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

8 Some of the information in the form would be pre-filled to the extent possible.
9 Please refer to the guidelines issued by Director General of Income Tax (Systems) in this behalf.