**Form No. 13**

**[See Rule 28(1)]**

**Application By A Person For A Certificate Under Section 197 Of The Income-Tax Act, 1961, For No Deduction Of Tax Or Deduction Of Tax At A Lower Rate**

To

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| --- |
| The Assessing Officer, |
|  |

I,…………………, of…………………do hereby, request that a certificate may be issued to the person responsible for paying to me the income by way of salary/interest on securities/interest other than “interest on securities”/insurance commission/commission (not being insurance commission) or brokerage/ dividends/rent/income in respect of units/any sum by way of compensation or the enhanced compensation or the consideration or the enhanced consideration on account of compulsory acquisition of any capital asset (strike out whichever is not applicable) authorising him not to deduct income-tax/to deduct income-tax at the rate of………………..per cent at the time of payment to me of such income/sum. The particulars of my income are as under :

|  |  |  |
| --- | --- | --- |
| (i) | Status (state whether individual, HUF, firm, BOI, etc.) |  |

|  |  |  |
| --- | --- | --- |
| (ii) | Residential status (whether resident/resident but not ordinarily resident/non-resident) |  |

|  |  |  |
| --- | --- | --- |
| (iii) | Permanent Account Number, if any |  |

|  |  |  |
| --- | --- | --- |
| (iv) | Assessment year to which the payments relate |  |

|  |  |  |
| --- | --- | --- |
| (v) | Estimated total income of the previous year relevant to the assessment year referred to in (iv) above |  |

|  |  |  |
| --- | --- | --- |
| (vi) | Total tax payable on the income at (v) |  |

|  |  |  |
| --- | --- | --- |
| (vii) | Average rate of tax Col. (vi)/Col. (v) × 100 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (viii) | How the liability determined in col. (vi) is proposed to be discharged ? (Specify the amount to be paid by way of advance tax and TDS) | |  |
| (ix) | Total income assessed in the last three assessment years and the total tax paid for each such year : | |  |
|  | | Total income | Total tax |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| (i) |  |  |  |

|  |  |  |
| --- | --- | --- |
| (x) | Date and amount of advance tax and TDS, if any, already paid so far. |  |

|  |  |  |
| --- | --- | --- |
| (xi) | Details of income claimed to be exempt and not included in the total income (please append a note giving reason for claiming such exemption). |  |

|  |  |  |
| --- | --- | --- |
| (xii) | Please furnish the particulars in the Schedules below in respect of the payments for which the certificate is sought : |  |

**SCHEDULE I**

|  |  |  |  |
| --- | --- | --- | --- |
| Description of securities | Number of securities | Date of securities | Amount of securities |
| (1) | (2) | (3) | (4) |
|  |  |  |  |

**SCHEDULE II**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name and address of the person to whom the sums are given on interest | Amount of such sums | The date on which such sums were given on interest | Period for which such sums were given on interest | Rate of interest |
| (1) | (2) | (3) | (4) | (5) | (6) |
|  |  |  |  |  |  |

**SCHEDULE III**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Name and address of person responsible for paying insurance commission | Amount of insurance commission |
| (1) | (2) | (3) |
|  |  |  |

**SCHEDULE IV**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name and address of the company | No. of shares | Class of shares and face value of each share | Total face value of shares | Distinctive Nos. of shares |
| (1) | (2) | (3) | (4) | (5) | (6) |
|  |  |  |  |  |  |

**SCHEDULE V**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name and address of the employer | Period of employment | Amount of salary received | Income from house property | Income from sources other than salary and income from house property | Total income |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|  |  |  |  |  |  |  |

**SCHEDULE VI**

|  |  |  |
| --- | --- | --- |
| Sl. No. | Name and address of person responsible for paying rent | Amount of rent |
| (1) | (2) | (3) |
|  |  |  |
|  |  |  |

**SCHEDULE VII**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name and address of the mutual fund | Number of units | Class of units and face value of each unit | Total face value of units | Distinctive Nos. of units |
| (1) | (2) | (3) | (4) | (5) | (6) |
|  |  |  |  |  |  |

**SCHEDULE VIII**

|  |  |  |
| --- | --- | --- |
| Sl No. | Name and address of the person responsible for paying compensation or the enhanced compensation or the consideration or the enhanced consideration on account of compulsory acquisition of the capital asset | Amount of compensation of the enhanced compensation or the consideration or the enhanced consideration |
| (1) | (2) | (3) |
|  |  |  |

**SCHEDULE IX**

|  |  |  |
| --- | --- | --- |
| Sl No. | Name and address of the person responsible for paying commission (not being insurance commission referred to in section 194D) or brokerage | Amount of commission (not being insurance commission referred to in section 194D) or brokerage |
| (1) | (2) | (3) |
|  |  |  |

\*I,……………….., the trustee/co-trustee of………………do hereby declare that the securities/sums/shares, particulars of which are given in the Schedules above, are properly held under trust wholly for charitable or religious purposes and that the income therefrom qualifies for exemption under sections 11 and 13 of the Income-tax Act, 1961.

\*I declare that the securities/sums/shares, particulars of which are given in the Schedules above, stand in my name and are beneficially owned by me, and the income therefrom is not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961.

I further declare that what is stated in this application is correct.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| Date |  |  | (Signature) |
| Place |  |  |  |
|  | | | (Address) |

\*Strike out whichever is not applicable.