

### Additional Information (Optional)

1. Name of the Spouse \_\_\_\_\_
2. Date of Birth of Spouse \_\_\_\_\_
3. Wedding Date \_\_\_\_\_
4. Spouse's Telephone No. \_\_\_\_\_ (Fixed) \_\_\_\_\_ (Mobile)
5. Specify Profession (*Self*) \_\_\_\_\_
6. Date of Superannuation (*if employed*) \_\_\_\_\_
7. Preferred Language of Communication \_\_\_\_\_
8. Specific Areas of Interest :  
 i. \_\_\_\_\_ ii. \_\_\_\_\_ iii. \_\_\_\_\_ iv. \_\_\_\_\_



### FORM NO. 60 (See third proviso to rule 114B)

Form of Declaration to be filled by a person who does not have either a Permanent Account Number or General Index Register number and who makes payment in cash in respect of transaction specified in clauses (a) to (h) of rule 114B.

1. Full Name and address of the declarant  
\_\_\_\_\_
2. Particulars of transaction  
\_\_\_\_\_
3. Amount of the transaction  
\_\_\_\_\_
4. Are you assessed to tax ? Yes / No
5. If yes,  
 (i) Details of Ward/Circle/Range where the last return of income was filed?  
 (ii) Reasons for not having Permanent Account Number / General Index Register number ?
6. Details of the document being produced in support of address in column(1)  
\_\_\_\_\_

#### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ (Month), 200\_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature of the declarant

### Form No. 61 of Income Tax Rules, 1962

Form of Declaration to be filled by a person who has agricultural income and is not in receipt of any other income chargeable to income tax in respect of transactions specified in clauses (a) to (g) of rule 114B

1. Full name and address of the declarant : \_\_\_\_\_
2. Particulars of transaction :
3. Details of documents being produced in support of address in column (1) Yes / No  
I hereby declare that my source of income is from agriculture and I am not required to pay income tax on any other income if any

Date :

Place :

\_\_\_\_\_  
Signature of the declarant

#### Verification

I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the \_\_\_\_\_ day of \_\_\_\_\_ (Month), 200\_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
Signature of the declarant