



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]

Sr No.		Part A : Personal Information	
1	Name	HONEY JAIN HUF	
2	Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals	Day	Month Year
		28/11/2017	
3	or Association of Persons Office Address		
	Flat/Door/Building	362	
	Road/Street/ Block/Sector	VALENCIA	
	Post Office	MAHAGUN MASCOT	
	Area/locality/Town/City	CROSSING REPUBLIC	
	District	GHAZIABAD	
	State / Union Territory	UTTAR PRADESH	Country/Region INDIA PIN/ZIP code 201016
4	Communication Address		
	Flat/Door/Building	362	
	Road/Street/ Block/Sector	VALENCIA	
	Post Office	MAHAGUN MASCOT	
	Area/locality/Town/City	CROSSING REPUBLIC	
	District	GHAZIABAD INDIA	
	State / Union Territory	UTTAR PRADESH	Country/Region INDIA PIN/ZIP code 201016
5	Status (Select status as applicable)	<input checked="" type="checkbox"/> Hindu undivided family <input type="checkbox"/> Company <input type="checkbox"/> Firm <input type="checkbox"/> Association of Persons whether incorporated or not <input type="checkbox"/> Body of Individuals whether incorporated or not <input type="checkbox"/> Local Authority <input type="checkbox"/> Artificial Judicial Person <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership	
6	Registration Number (for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals , Artificial Juridicial Person and Trust)		
7	Contact details		
	(i) Mobile Number	Country Code 91	Mobile Number 9958869427
	(ii) Email ID	JAINHONEYMEERUT@GMAIL.COM	
	(iii) Landline No. with STD code (if any)	STD Code	Landline Number
Part B : Source of Income			
8	Source of Income (Select one)	<input type="checkbox"/> Salary <input type="checkbox"/> Income from Business / Profession <input type="checkbox"/> Income from House Property <input type="checkbox"/> Capital Gains <input type="checkbox"/> Income from Other Sources <input checked="" type="checkbox"/> No income	
Part C : Assessing Officer (AO Code)			
9	Assessing Officer Code (AO Code)	(i) Area Code KNP	(ii) AO Type W
		(iii) Range Code 17	(iv) AO No. 91

Part D- Representative Assessee (RA) /Authorized Representative (AR)

10	RA/ AR Name First Name Middle Name Last Name	<input type="text" value="HONEY"/> <input type="text"/> <input type="text" value="JAIN"/>
11	Permanent Account Number (if any)	<input type="text" value="AXCXJX4X9X"/>
12	Aadhaar Number (if Permanent Account Number is not available)	<input type="text"/>
13	RA/ AR Address Flat/Door/Building Road/Street/ Block/Sector Post Office Area/locality/Town/City District State / Union Territory	<input type="text" value="362"/> <input type="text" value="VALENCIA"/> <input type="text" value="MAHAGUN MASCOT"/> <input type="text" value="CROSSING REPUBLIC"/> <input type="text" value="GHAZIABAD"/> <input type="text" value="UTTAR PRADESH"/> Country/Region <input type="text" value="INDIA"/> PIN/ZIP code <input type="text" value="201016"/>
14	Contact details (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code (if any)	Country Code <input type="text" value="91"/> Mobile Number <input type="text" value="9958869427"/> <input type="text" value="JAINHONEYMEERUT@GMAIL.COM"/> STD Code <input type="text"/> Landline Number <input type="text"/>

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 <input checked="" type="checkbox"/> (i) Proof of Identity <input checked="" type="checkbox"/> (ii) Proof of Address <input checked="" type="checkbox"/> (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 <input checked="" type="checkbox"/> (i) Proof of Identity <input checked="" type="checkbox"/> (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

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.

Place

Date

(Signature /Left Hand Thumb Impression of Applicant or

Name

Designation