

FORM NO. 158

[See rule 228]

Application for Certificate under section 420(5)

To

The Assessing Officer,

Sir/Madam,

I request that Tax Clearance Certificate be granted to me. I hereby apply for a Tax clearance Certificate in view of my departure from India as required under section 420(5) for which the details required are given as under:

1.	Name	(Refer Note 1)	
2.	Name of Father/Husband*	(Refer Note 1)	
3.	Permanent Account Number (if available)		
4.	Domicile		
5.	Nationality		
6.	Present Address	(Refer Note 2)	
7.	Permanent Address	(Refer Note 2)	
8.	Contact details		
	Mobile Number	Country Code	Number
	Email ID		
9.	Nature of Business/Profession in India		
10.	Address of all the places of Business/Profession in India	(Refer Note 2)	
		(Repeat, if required)	
11.	Details of previous visits outside India:		
(i)	Date of arrival in India	dd/mm/yyyy	
		(Repeat, if required)	
(ii)	Period of stay outside India		
	(Repeat, if required)		
12.	Purpose of visit outside India		
13.	Departure Details		
(i)	Date of departure	dd/mm/yyyy	
(ii)	Details of flight/ship/road journey by which travel is being undertaken		
14.	(i) Whether exemption is claimed under any section of the Act? (Select One)	(i) Yes	(ii) No
	(ii) If the answer to row 14(i) is yes, then provide section of the		

	Act	
15.	Destination of journey	
16.	Date of Intended Return	<i>dd/mm/yyyy</i>
17.	Passport Number/Emergency Certificate Number details	
(i)	Passport/Emergency certificate number	
(ii)	Date of Issue	<i>dd/mm/yyyy</i>
(iii)	Country where issued	
(iv)	Place where issued	

Verification

I, hereby declare that I have no liability under the Act or the Income-tax Act, 1961 (43 of 1961) (as it existed prior to its repeal) or the Wealth-tax Act, 1957 (27 of 1957) or the Gift-tax Act, 1958 (18 of 1958) (as it existed prior to its repeal) or the Expenditure-tax Act, 1987 (35 of 1987) or the Black Money (Undisclosed Foreign Income and Assets) and Imposition of Tax Act, 2015 (22 of 2015), or that satisfactory arrangements have been made for the payment of all or any of such taxes which are or may become payable by me.

Further, the information provided above is true and correct to the best of my knowledge. I have not concealed any relevant fact.

***Delete whichever is not applicable.**

Place:

Date:

(Signature)

Name: _____

Designation: _____

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, 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, and (viii) State.
3. Some of the Information in the form would be pre-filled to the extent possible.