

FORM NO. 148

[See rule 220(6)(b)]

Quarterly statement to be furnished by a unit of an International Financial Services Centre, as referred to in section 147(1)(b), in respect of remittances, made for the quarter of of (Tax Year)

Part A: Details of the Unit

1.	Name of the unit	<i>(refer Note 1)</i>	
2.	Address	<i>(refer Note 2)</i>	
3.	Permanent Account Number		
4.	Tax deduction and collection account number		
5.	Status	<i>(refer Note 3)</i>	
6.	Residential status	<i>(refer Note 4)</i>	
7.	Email id		
8.	Contact number	Country Code	Number

Part B: Details of remittance

Sl. No.	Details of the remitter, if different from the Unit referred in Sl. No. 1 of Part A above		Remittee Details						Remittance Details						
			Name	Permanent account number, if available	Address	Email	Phone number	Country of which the remittee is resident	Country to which remittance is made		Date of remittance	Amount of remittance		Nature of remittance	Purpose Code as per RBI (if applicable)
Name	Permanent Account Number						Country	Currency	In foreign Currency	In ₹					

Verification

I, (full name), having Permanent Account Number declare that the information given above are correct and complete.

and/or

(applicable in case where the Unit referred in Sl. No. 1 of Part A is the remitter)

1. I, (full name), having Permanent Account Number in the capacity of (designation) declare that the information given above is true and correct and no relevant information has been concealed.

2. In a case where it is found that the tax actually deductible on the amount of remittance has not been deducted or after deduction has not been paid or not paid in full, I undertake to pay the amount of tax not deducted or not paid, as the case may be, along with the interest due. I shall also be subject to the provision of penalty for the said default as per the provisions of the Act.

3. I further undertake to submit the requisite documents for—

- (a) enabling the income-tax authorities to determine the nature and amount of income of the recipient;
- (b) determining my liability under the Act as a person responsible for deduction of tax at source.

Place:

Signature

Date:

Name:

Notes

1. The name shall be provided in full.
2. The address shall contain Country/Region, ii. Flat/Door/Block number iii. Road/Street/Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Fill 'person' status as (i) Individual (ii) Hindu undivided family (iii) Company (iv) Firm (v) Association of persons, whether incorporated or not (vi) Body of individuals, whether incorporated or not (vii) Local Authority (viii) Artificial Juridical Person (ix) Government (x) Trust
4. Fill 'residential status' as (i) Resident (ii) Non-resident (iii) Resident but not ordinarily resident.
5. Some of the information in the form would be pre-filled to the extent possible.
6. Amounts to be filled in ₹ unless otherwise provided.