Date of Filing: 03-Jul-2024*

INDIAN INCOME TAX RETURN

FORM ITR1 SAHAJ [For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, having Income from Salaries, one house property, other sources (Interest etc.), and agricultural income upto Rs.5 thousand] [Not for an individual who is either Director in a company or has invested in unlisted equity shares or in cases where TDS has been deducted u/s 194N or if income-tax is deferred on ESOP] (Refer instructions for eligibility)

Assessment Year 2024-25

PART A GE	ENERAL IN	IFORMATION					
(A1) PAN DFHPR692	21A		(A2) First Name RAYACHOTI	(A2a) Middle Name RAM		(A3) Last Na GIRINADH	ime
(A4) Date o 15/03/199			(A5) Aadhaar Number(12 digits)/Aadh eligible for Aadhaar No.)	naar Enrolment Id(28 dig	gits) (if	(A6) Mobile + 91 70758	
(A7) Email A girinadh66		il.com	(A8) Flat/Door/Block No. 104	(A9) Name of Premises/Building/Villa opposite Sai Kiran A		Area/Localit	Street/Post Office, y ny S.O Tirumalagiri
(A11) Town		ict	(A12) State 36-Telangana	(A13) Country/Region 91-INDIA		(A14) PIN Co 500085	ode/ZIP Code
(A17) Natur	re of emplo	oyment		Others			
(A15)(a) File	ed u/s (Tic	k)[Please see in	struction]	139(1)-On or before	due date	•	
(A16) Or Fil	led in resp	onse to notice u	/s				
(A18) If revi original retu			Receipt No. and Date of filing of				
	enter Uniq	ue Number/ Doo	139(9)/142(1)/148/153C or order u/s tument Identification Number (DIN) &				
(A20) Do yo □ Yes 🗹 No		exercise the opt	cion u/s 115BAC(6) of Opting out of ne	w tax regime ? (default	is "No")		
☐ Yes ☑ No If yes, pleas filing return (i) Have you foreign cou ☐ Yes ☑ No (ii) Have yo electricity d ☐ Yes ☑ No (iv) Are you	se furnish for of income unincurred intry for you incurred during the output of the control of t	ollowing information due to fulfilling expenditure of aurself or for any expenditure of previous year?	amount or aggregate of amount exce s per other conditions prescribed und	n is not required to furn the seventh proviso to ceeding Rs. 2 lakhs for eding Rs. 1 lakh on cons	ish a retu section 13 travel to a sumption	rn of income undo	er section 139(1) but
(1)			(2)			(3)	
			METAY	PPAR			
PART B GR	ROSS TOT	AL INCOME					
B1	i	Gross Salary (ia	a + ib + ic + id + ie)			i	7,33,416
	а	Salary as per se	ection 17(1)		ia	7,33,416	
	b	Value of perqui	sites as per section 17(2)		ib	0	
	С		salary as per section 17(3)		ic	0	
	d	Income from re 89A	tirement benefit account maintained	n a notified country u/s	id	0	
	e	Income from re	tirement benefit account maintained i y u/s 89A	n a country other than	ie	0	
	ii	Less allowance: 17(1)/17(2)/17(s to the extent exempt u/s 10 [Ensure 3)]	that it is included in sal	ary incom	ne u/s ii	0

	SI. No.	Nature of Exempt Allowances	Description (If Any	Other select	ed) To	otal Amount		
	(1)	(2)	(3)			(4)		
	iia	Less : Income claimed for relief from ta	xation u/s 89A		iia	0		
	iii	Net Salary (i - ii - iia)			iii	7,33,416		
	iv	Deductions u/s 16 (iva + ivb + ivc)			iv	50,000		
	а	Standard deduction u/s 16(ia)		iva	50,00	0		
	b	Entertainment allowance u/s 16(ii)		ivt)	0		
	С	Professional tax u/s 16(iii)		ivo	:	0		
	v	Income chargeable under the head 'Sal	aries' (iii - iv)		B1	6,83,416		
B2		Type Of House Property			B2			
	i	Gross rent received/ receivable/ lettable	e value during the year		i	0		
	ii	Tax paid to local authorities		ii		0		
	iii	Annual Value (i - ii)			iii	0		
	iv	30% of Annual Value		iv		0		
	v	Interest payable on borrowed capital		v	(0		
	vi	Arrears/Unrealised rent received during	the year less 30%	vi	ı	0		
	vii	Income chargeable under the head 'Hou negative)	use Property' (iii - iv - v) +	- vi (If loss, put	the figure in B2	0		
В3		Income from Other Sources			В3	631		
	SI. No.	Nature of Income	Description (If Any	Other select	ed) To	Total Amount		
	(1)	(2)	(3)			(4)		
	1	Dividend	Y	W		4		
	2	Interest from Saving Account	MIK			627		
		Quarterly breakup of Div	vidend Income			rom retirement benefit ified country u/s 89A tion)		
		(i) Up to 15-Jun-2023	4	(i) L	Jp to 15-Jun-2023	0		
		(ii) From 16-Jun-2023 to 15-Sep-2023	0		from 16-Jun-2023 to 1 Sep-2023	5- 0		
		(iii) From 16-Sep-2023 to 15-Dec-2023	TAY DERA		rom 16-Sep-2023 to .5-Dec-2023	0		
		(iv) From 16-Dec-2023 to 15-Mar-2024	AX DETA		rom 16-Dec-2023 to .5-Mar-2024	0		
		(v) From 16-Mar-2024 to 31-Mar-2024	0		rom 16-Mar-2024 to 11-Mar-2024	0		
		Less: Income claimed for relief from tax	ation u/s 89A			0		
		Less: Deduction u/s 57(iia) (in case of fa	amily pension only)			0		
		varified after 30 days of transmission of rat						

^{*}If the return is verified after 30 days of transmission of return data electronically, then date of verification will be considered as date of filing the return (Notification No.05 of 2022 dated 29-07-2022 issued by the DGIT (Systems), CBDT)."

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B4 Gross Total Income (B1+B2+B3) (If loss, put the figure in negative) Note: To avail the benefit of carry forward and set off of loss, please use ITR-2

PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME **System Calculated** SI.No. Section **Amount** 80C - Life insurance premia, deferred annuity, contributions to provident 0 C1 0 fund, subscription to certain equity shares or debentures, etc. 0 C2 80CCC - Payment in respect Pension Fund 0 0 C3 80CCD(1) - Contribution to pension scheme of Central Government 0 C4 0 0 80CCD(1B) -Contribution to pension scheme of Central Government 80CCD(2) - Contribution to pension scheme of Central Government by C5 0 0 employer 0 C6 80D - Deduction in respect of health insurance premia 0 80DD - Maintenance including medical treatment of a dependent who is a 0 C7 0 person with disability C8 80DDB - Medical treatment of specified disease -0 0 C9 80E - Interest on loan taken for higher education 0 0 C10 0 80EE - Interest on loan taken for residential house property 0 80EEA - Deduction in respect of interest on loan taken for certain house 0 C11 0 property 0 0 C12 80EEB - Deduction in respect of purchase of electric vehicle 80G - Donations to certain funds, charitable institutions, etc (Please fill C13 0 0 80G schedule. This field is auto-populated from schedule 80G.) C14 80GG - Rent paid (Please submit form 10BA to claim deduction) 0 0 80GGA - Certain donations for scientific research or rural development 0 C15 0 (Please fill 80GGA Schedule. This field is autopopulated from schedule.) 0 C16 80GGC - Donation to Political party 0

	wledgement Number : 571804470030724	-TNIP	Date of Filing: 03-Jul-20
17	80TTA - Interest on deposits in saving bank Accounts	0	
18	80TTB- Interest on deposits in case of senior citizens.	0	
L9	80U - In case of a person with disability	0	
0	80CCH- Contribution to Agnipath Scheme	0	
1	Total deductions (Add items C1 to C18)	0	

Date of Filing: 03-Jul-2024*

Total I	ncome		XX	JAMA			6,84,050		
EXEM	PT INCO	OME (FOR REPORTING PU	RPOSES)		a XJ				
SI. No.		Nature of Income		escription (If Ar	y Other selected)		Total Amount		
(1)		(2)		(3	3)		(4)		
Total		1	11/10		-11		0		
			COM	FTAVE	DARTME				
PART	D - COM	IPUTATION OF TAX PAYA	BLE	2 171 9 1 16					
D1	Та	x payable on total income				D1	23,405		
D2	Re	ebate u/s 87A				D2	23,405		
D3	Та	x after rebate				D3	0		
D4	He	ealth and education Cess @	4% on D3			D4	0		
D5	Тс	otal Tax and Cess				D5	0		
D6	Re	elief u/s 89 (Please ensure t	o submit Form 10E	to claim this relie	F)	D6	0		
D7	In	terest u/s 234A				D7	0		
D8	In	terest u/s 234B				D8			
D9	In	terest u/s 234C				D9	0		
D10	Fe	ee u/s 234F				D10	0		
D11	Тс	otal Tax, Fee and Interest (D	95 + D7 + D8 + D9	9 + D10 - D6)		D11	0		
D12	Тс	otal Taxes Paid				D12	2,167		
D13	Ar	mount payable (D11-D12) (i	f D11>D12)			D13	0		
D14	Re	efund (D12 - D11) (if D12 >	D11)			D14	2,170		
		ER INFORMATION DETAIL DORMANT ACCOUNTS)	LS OF ALL BANK	ACCOUNTS HELD	IN INDIA AT ANY	TIME DURING	THE PREVIOUS YEAR		
SI. No.	11	S Code of the Bank	Name of	the Bank	Account N	umber	Type of account		
(1)		(2)	((3)	(4)		(5)		
1	ICIC000	00675	ICICI BANK LIMIT	ED	C	67501507424	Savings Account		
SCHE	DULE 80)D							
1	W	hether you or any of your fa	amily member (exc	cluding parents) is	a senior citizen?	Υ	'es		
(a)	Se	elf & Family					0		
	(i)	Health Insurance							
	(ii) Preventive Health Ch	eckup				0		
	I	ı							

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(b)	Self 8	Family including Senior Citizen	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
	(iii)	Medical Expenditure (This deduction to be claimed on which health insurance is not claimed at (i) above)	0
2	Whet	her any one of your parents is a senior citizen Yes	
(a)	Parer	nts	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Parer	nts including Senior Citizen	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
	(iii)	Medical Expenditure (This deduction can be claimed on which health insurance is not claimed at (i) above)	0
3	Eligib	le Amount of Deduction	0

Sched	ule 80U	Details of deduction in cas	Details of deduction in case of a person with disability							
SI. No.	Nature of Disability	Amount of Deduction	Date of filing of Form 10IA	Ack. No. of Form 10IA filed	UDID Number (If available)					
(1)	(2)	(3)	(4)	(5)	(6)					
1		0								

Sch	edule 80DD	Details of ded disability.	uction in resp	ect of mainten	ance including me	dical treatment of	a dependent who i	s a person with			
SI. No.	Nature of Disability	Amount of Deduction Type of dependent PAN of the dependent Date of filing of Ack. No. of Form UDID Number Date of filing of Local Date of filing of Date of filing of Local Date of filing of Local Date of filing of Local Date of filing of Date of filing of Local Date of filing of Local Date of filing of Local Date of filing of Date of filing of Local Date of filing of Date of filing of Local Date of filing of Date of Form Date of Date of Form Date of Date of Date of Form Date of Dat									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)			
1		0									

SCHEDULE 80G DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G

A. DONATIONS ENTITLED FOR 100% DEDUCTION WITHOUT QUALIFYING LIMIT, (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI.	Name of	Address	City or	State code	Pin code	PAN of the	Am	ount of dona	Eligible Amount of	
No.	No. the Donee Address Town or District State code Pin code	Donee	Donation in cash	Donation in other mode	Total donation	Donation				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total A							0	0	0	0

B. DONATIONS ENTITLED FOR 50% DEDUCTION WITHOUT QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI.	Address Lown or State code Pin code	PAN of the	Am	ount of dona	Eligible Amount of					
No.	the Donee	Address Lown or State code Pin code	Donee	Donation in cash	Donation in other mode	Total donation	Donation			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total B							0	0	0	0

C. DONATIONS ENTITLED FOR 100% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

	Name of	Address I own or		State code	PAN of the	Am	Eligible Amount of			
No.	the Donee	Address	District	State code	Pin code	Donee	Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total C				D		e M	0	0	0	0

D. DONATIONS ENTITLED FOR 50% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI.	Name of		City or			PAN of the	ARN (Donation	Amo	ount of dona	ition	Eligible
No.	the Donee	Address	Town or District	State code	Pin code	Donee	Reference Number)	Donation in cash	Donation in other mode	Total donation	Amount of Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total D			/ /	VCO!	1		OTHE	0	0	0	0
E. Tota	l Amount of D	onations (A -	+ B + C + D)		(E TA)	(DEPA		0	0	0	0

	Relevant Clause under	Name of		City or Town or District State Code Pin code PAN of the Donee	OPMENT Amo	Eligible					
	which deduction is claimed	the Donee	Address		State Code	Pin code		Donation in Cash	Donation in other mode	Total Donation	Amount of Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total								0	0	0	0

SCHEDULE 80GGC DETAILS OF CONTRIBUTION MADE TO POLITICAL PARTIES							
SI.	Date	Amount of Contribution			Eligible Amount of	Transaction Reference number for UPI transfer / Cheque number / IMPS	IFSC code of
No.	Date	Contribution in Cash	Contribution in other mode	Total Contribution	Contribution	/ NEFT / RTGS reference number	reference Bank
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total		0	0	0	0		

TAX PAYMENTS						
SI. No.	BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid		
(1)	(2)	(3)	(4)	(5)		
Total		0				

SCHEDULE TDS1 - DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [AS PER FORM 16 ISSUED BY EMPLOYER(S)]						
SI. No.	TAN of the Deductor	Name of the Deductor	Income chargeable under salaries	Total Tax Deducted		
(1)	(2)	(3)	(4)	(5)		
1	BLRP01490G	BRILLIO TECHNOLOGIES PRIVATE LIMITED	7,33,416	2,167		
Total	Territory (11/18 0	325	2,167		

SCHEDULE TDS2 - DETAILS OF TAX DEDUCTED AT SOURCE FROM INCOME OTHER THAN SALARY [AS PER FORM 16A ISSUED BY DEDUCTOR(S)]

SI. No.	TAN of the Deductor	Name of the Deductor	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (5)claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total						0

SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S)) **TDS Credit out** Name of the **Gross receipt** PAN of the SI. **Aadhaar Number** Year of tax which is subject **Tax Deducted** of (6) claimed **Tenant** Tenant of the Tenant No. deduction to tax deduction this year

(1) (2) (3) (4) (5) (6) (7) (8)

Total

SCHEDULE TCS

Acknowledgement Number: 571804470030724

SI. No.	Tax Collection Account Number of the Collector	Name of the Collector	Gross payment which is subject to tax collection	Year of tax collection	Tax Collected	TCS Credit out of (5) claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total						0

Date of Filing: 03-Jul-2024*

VERIFICATION

I, RAYACHOTI RAM GIRINADH son/ daughter of RAYACHOTI RAMANJANEYULU solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this return in my capacity as Self and I am also competent to make this return and verify it. I am holding permanent account number DFHPR6921A

Place: 167.103.54.175

Date: 03-Jul-2024

If the return has been prepared by a Tax Return Preparer (TRP) give further details below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP
If TRP is entitled for any reimbursement from the Government, amount t	hereof	0