**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

Date of Filing: 18-Jul-2024\*

PART A GE	NERAL IN	FORMATION					
(A1) PAN GJIPS0169	Н		(A2) First Name SANIKA	(A2a) Middle Name GIRISH		(A3) Last Na SARDESAI	
(A4) Date of <b>27/06/1996</b>			(A5) Aadhaar Number(12 digits)/Aad eligible for Aadhaar No.) 8xxx xxxx 2137	haar Enrolment ld(28 dig	gits) (if	(A6) Mobile + <b>91 9987</b> 4	
(A7) Email A sanika.sar		gmail.com	(A8) Flat/Door/Block No. <b>E 504</b>	(A9) Name of Premises/Building/Villa CASA CLARA, PALAN KHONI VILLAGE		Area/Localit	/Street/Post Office, ty <b>S.O Antarli</b>
(A11) Town, THANE	/City/Distri	ct	(A12) State 19-Maharashtra	(A13) Country/Region <b>91-INDIA</b>		(A14) PIN C <b>421204</b>	ode/ZIP Code
(A17) Natur	e of emplo	yment		Others			
(A15)(a) File	ed u/s (Ticl	c)[Please see in	struction]	139(1)-On or before	due date		
(A16) Or File	ed in respo	onse to notice u	/s				
original retu (A19) If filed	ırn (DD/MN d in respor enter Uniqu	//YYYY) se to notice u/s ie Number/ Doc	Receipt No. and Date of filing of 139(9)/142(1)/148/153C or order u/s ument Identification Number (DIN) &				
(A20) Do yo □ Yes 🗹 No		exercise the opt	ion u/s 115BAC(6) of Opting out of ne	ew tax regime ? (default	is "No")		
☐ Yes ☑ No If yes, please filing return (i) Have you foreign cour ☐ Yes ☑ No (ii) Have you electricity d ☐ Yes ☑ No (iv) Are you	e furnish for of income a incurred on try for you incurred uring the particular to the indition from the indition from the particular to the indition from t	ollowing information due to fulfilling expenditure of aurself or for any expenditure of orevious year?	amount or aggregate of amount exce s per other conditions prescribed und	on is not required to furn the seventh proviso to exceeding Rs. 2 lakhs for eeding Rs. 1 lakh on cons	ish a return o section 139(1 travel to a sumption of	f income und )] 0	ler section 139(1) but
SI No.			Nature		A	mount	
(1)			(2)			(3)	
DART D CD	055 707		7.00				
PART B GR							
B1			ı + ib + ic + id + ie)			İ	0
	а	Salary as per se	ection 17(1)		ia	0	
	b	Value of perqui	sites as per section 17(2)		ib	0	
			salary as per section 17(3)		ic	0	
	d	Income from re 89A	tirement benefit account maintained	in a notified country u/s	id	0	
		Income from re notified country	tirement benefit account maintained v u/s 89A	in a country other than	ie	0	

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	ii	Less allowa 17(1)/17(2)	nces to the extent exempt u //17(3)]	/s 10 [Ensure that it i	included in	salary inco	me u/s	ii	C	
	SI. No.	Nature	of Exempt Allowances	Description ( If )	Any Other s	elected)		Tota	al Amount	
	(1)		(2)		(3)		(4)			
	iia	Less : Incor	ne claimed for relief from tax	cation u/s 89A				iia	(	
	iii	Net Salary	(i - ii - iia)					iii	(	
	iv	Deductions	u/s 16 (iva + ivb + ivc)					iv	(	
	a	Standard d	eduction u/s 16(ia)			iva		0		
	b	Entertainm	ent allowance u/s 16(ii)			ivb		0		
	С	Professiona	al tax u/s 16(iii)			ivc		0		
	v	Income cha	argeable under the head 'Sala	aries' (iii - iv)				B1	(	
32		Type Of Ho	use Property					B2		
	i	Gross rent	received/ receivable/ lettable	value during the yea	r			i	(	
	ii	Tax paid to	local authorities		ii			0		
	iii	Annual Valu	ue (i - ii)					iii	(	
	iv	30% of Ann	nual Value		iv			0		
	v	Interest pay	yable on borrowed capital		v			0		
	vi	Arrears/Unr	realised rent received during	the year less 30%	vi			0		
	vii	Income cha	argeable under the head 'Hou	ıse Property' (iii - iv -	v) + vi (If los	s, put the f	igure in	B2	(	
33		Income from	m Other Sources	a 10				В3	61,097	
	SI. No.	N	ature of Income	Description ( If A	Any Other s	elected)		Tota	al Amount	
	(1)		(2)		(3)				(4)	
	1	nterest from	Income Tax Refund	MAL	W				0	
	2 I	nterest from	Saving Account	(E ) (B)	M	)			61,097	
	1		Quarterly breakup of Div	ridend Income			tained i		m retirement benefit ed country u/s 89A	
		(i)	Up to 15-Jun-2023	28 18	0 (i)	Up to	15-Jun-2	M	(	
		(ii)	From 16-Jun-2023 to 15-Sep-2023	744000	0 (ii)	From Sep-2		023 to 15-	(	
		(iii)	From 16-Sep-2023 to 15-Dec-2023	TAX DEP	0 (iii)	From	16-Sep-2 c-2023	2023 to	(	
		(iv)	From 16-Dec-2023 to 15-Mar-2024		0 (iv)	From	16-Dec-2 nr-2024	2023 to		
		(v)	From 16-Mar-2024 to 31-Mar-2024		0 (v)		16-Mar-2 ar-2024	2024 to	(	
		Less: Incom	ne claimed for relief from tax	ation u/s 89A	l	l l			(	

<sup>\*</sup>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)."

	Less: Deduction u/s 57(iia) (in case of family pension only)		0
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	B4	61,097

#### PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME **System Calculated** SI.No. Section **Amount** C1 80C - Life insurance premia, deferred annuity, contributions to provident 0 0 fund, subscription to certain equity shares or debentures, etc. 0 0 C2 80CCC - Payment in respect Pension Fund С3 80CCD(1) - Contribution to pension scheme of Central Government 0 0 C4 80CCD(1B) -Contribution to pension scheme of Central Government 0 0 80CCD(2) - Contribution to pension scheme of Central Government by C5 0 0 employer C6 0 0 80D - Deduction in respect of health insurance premia 80DD - Maintenance including medical treatment of a dependent who is a 0 0 C7 person with disability C8 80DDB - Medical treatment of specified disease -0 0 C9 80E - Interest on loan taken for higher education 0 0 0 C10 0 80EE - Interest on loan taken for residential house property 80EEA - Deduction in respect of interest on loan taken for certain house C11 0 0 property C12 0 0 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 C15 0 0 (Please fill 80GGA Schedule. This field is autopopulated from schedule.)

	wledgement Number : 771724470180724	OT NIL	Date of Filing : 18-Jul-2024
C16	80GGC - Donation to Political party	0	0
C17	80TTA - Interest on deposits in saving bank Accounts	0	0
C18	80TTB- Interest on deposits in case of senior citizens.	0	0
C19	80U - In case of a person with disability	0	0
C20	80CCH- Contribution to Agnipath Scheme	0	0
C21	Total deductions (Add items C1 to C18)	0	0

Date of Filing: 18-Jul-2024\*

Total I	ncome		W	N		61,100	)
EXEM	PT INCOME	(FOR REPORTING PU	RPOSES)	X 3 7401			
SI. No.		Nature of Income	Description ( If A	any Other selected)		Total Amount	
(1)		(2)		(3)		(4)	
Total			Non	MEN			,
			METAVO	EDARIM			
PART	D - COMPUT	TATION OF TAX PAYA	BLE				
D1	Tax pa	yable on total income		D	1	(	)
D2	Rebate	e u/s 87A		D	2	(	)
D3	Tax aft	er rebate		D	3	(	)
D4	Health	and education Cess @-	1% on D3	D	4	(	)
D5	Total T	ax and Cess		D	5	(	)
D6	Relief u	u/s 89 (Please ensure to	submit Form 10E to claim this reli	ef) D	6	(	)
D7	Interes	t u/s 234A		D	7	(	)
D8	Interes	t u/s 234B		D	8	(	)
D9	Interes	t u/s 234C		D	9	(	)
D10	Fee u/s	s 234F		D	10	(	)
D11	Total T	ax, Fee and Interest (D	5 + D7 + D8 + D9 + D10 - D6)	D	11	(	)
D12	Total T	axes Paid		D	12	50	)
D13	Amoun	t payable (D11-D12) (it	D11>D12)	D	13	(	)
D14	Refund	I (D12 - D11) (if D12 >	D11)	D	14	50	)
	<u> </u>			'			_
		NFORMATION DETAIL MANT ACCOUNTS)	S OF ALL BANK ACCOUNTS HEL	D IN INDIA AT ANY TI	ME DURING	THE PREVIOUS YEAR	
SI. No.	IFS Co	ode of the Bank	Name of the Bank	Account Num	ber	Type of account	
(1)		(2)	(3)	(4)		(5)	
1	ICIC0000088	8	ICICI BANK LIMITED	008	801530526	Savings Account	
SCHE	DULE 80D						
1	Whethe	er you or any of your fa	mily member (excluding parents) is	a senior citizen?		No claiming for Self/Family	
(a)	Self & I	Family				(	)
	(i)	Health Insurance				(	)
	(ii)	Preventive Health Ch	eckup				)

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(b)	Self &	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	ner any one of your parents is a senior citizen	No claiming for Parents
(a)	Paren	ts	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Paren	ts 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	e Amount of Deduction	0

Date of Filing: 18-Jul-2024\*

Sched	ule 80U	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 deduction in respect of maintenance including medical treatment of a dependent who is a person with disability.										
SI. No.	Nature of Disability	Amount of Deduction	Type of dependent	PAN of the dependent	Date of filing of Form 10IA	Ack. No. of Form 10IA filed	UDID Number (If available)					
(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 Town or State code Pin code	PAN of the	Am	ount of dona	tion	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 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.	Name of	Address	City or Town or	State code	Pin code	PAN of the	Am	ount of dona	tion	Eligible Amount of
No.	the Donee	Address	District	State code	Pili 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)

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

SCHEDULE TCS

SCHEE	SCHEDULE 80GGA DETAILS OF DONATIONS FOR SCIENTIFIC RESEARCH OR RURAL DEVELOPMENT  Relevant										
SI.	Clause	e Name of	City or			PAN of the	Amount of Donation			Eligible	
No.	which deduction is claimed	the Donee	Address	Town or District	State Code	Pin code	Donee	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	An	nount of Contributi	on	Eligible Amount of Contribution	Transaction Reference number for UPI transfer / Cheque number / IMPS	IFSC code of Bank		
No.	Date	Contribution in Cash	Contribution in other mode	Total Contribution		/ NEFT / RTGS reference number			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
Total		0	0	0	0				

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

SCHED	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)				
Total	h.	from the My	£550%	0				

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

	-250.0(0)1							
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)		
1	BLRA14702C	AMAZON SELLER SERVICES PRIVATE LIMITED	4,974	2023	50	50		
Total						50		

SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S))								
SI. No.	PAN of the Tenant	Aadhaar Number of the Tenant	Name of the Tenant	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (6) claimed this year	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Total							0	

Acknowledgement Number: 771724470180724

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: 18-Jul-2024\*

#### **VERIFICATION**

I, SANIKA GIRISH SARDESAI son/ daughter of GIRISH SHRIKRISHNA SARDESAI 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 GJIPS0169H

Place: 184.144.118.92

Date: 18-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	chereof	0