

Program :

```
<html>
<head>
  <title>

  </title>
  <style>
    .box {
      border: 1px solid black;
      padding: 10px;
      height: 12px;
    }

    table {
      border: 1px solid black;
      height: 100%;
      width: 100%;
      margin-right: 0px;
    }

    th, tr {
      border: 1px solid black;
    }

    div {
      margin-left: 25%;
      border: 1px solid black;
      width: 50%;
      height: 20%;
      padding: 15px;
    }

    .div1 {
      margin-left: 25%;
      border: 1px solid black;
      width: 50%;
      height: 50%;
    }

    .div2 {
      margin-left: 25%;
      border: 1px solid black;
      width: 50%;
      height: 100%;
    }
  </style>
</head>
<body>
  <div>
    <p style="float: left;"><b>IRT-V</b></p>
    <p align="center">INDIAN INCOME TAX RETURN VERIFICATION FORM</br>
    <p>[where the data of the Return of Income/Fringe Benefits in Form ITR-1, ITR-
2, ITR-3, ITR-4, ITR-5, ITR-6 & ITR-8 transmitted electronically without digital
signature]</p>
    <p>(Please see Rule 12 of the Income-tax Rules, 1962)</p>
  </div>
  <div class="div1">
```

```

<table>
  <tr>
    <td rowspan="9" style="font-size: 12px" width="15px">PERSONAL
INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION</td>
    <td colspan="2">Name</td>
    <td>PAN</td>

  </tr>
  <tr>
    <td colspan="2"></td>
    <td></td>
  </tr>
  <tr>
    <td>Flat/Door/Block no</td>
    <td>Name Of Premises/Building/Village</td>
    <td rowspan="3"> Form No. which<br>has been<br>electronically
<br>tranmitted(fill<br>the code)<br></td>
  </tr>
  <tr>
    <td height="30px"></td>
    <td></td>
  </tr>
  <tr>
    <td>Road/Street/Post Office</td>
    <td colspan="1">Area/Locality</td>
  </tr>
  <tr>
    <td height="30px"></td>
    <td></td>
    <td>Status(fill the code) | Individual</td>
  </tr>
  <tr>
    <td>Town/City/District</td>
    <td>State | Pin</td>
    <td>Designation of Assessing Officer</td>
  </tr>
  <tr>
    <td width="30px" height="30px"></td>
    <td></td>
    <td></td>
  </tr>
  <tr>
    <td><p class="box" style="font-size: 10px">E-filling Acknowledgment
Number</p></td>
    <td></td>
    <td><p class="box">DD-MM-YY</p></td>
  </tr>
</table>
</div>
<div class="div2">
  <table>
    <tr>
      <td rowspan="9" style="font-size: 12px" width="15px">COMPUTATION OF
INCOME AND TAX THEREON</td>
      <td>1</td>
      <td>Gross total income</td>
      <td>1</td>
      <td></td>
    </tr>
    <tr>
      <td></td>

```

2	Deductions under Chapter-VI-A	2	
3	Total Income	3	
4	Net Tax Payable	4	
5	Interest Payable	5	
6	Total Income and Interest Payable	6	
7	Taxes Paid	7	
8	Tax Payable(6-7d)	8	
		0	
9	Refund(7e-6)	9	
		0	
COMPUTATION OF FRINGE BENEFITS AND TAX THEREON			
10	Value of Fringe Benefits	10	
11	Total Fringe benefits tax liability	11	

```
        <td></td>
    </tr>
    <tr>
        <td>12</td>
        <td>Total interest payable</td>
        <td>12</td>
        <td></td>
    </tr>
    <tr>
        <td>13</td>
        <td>Total tax and interest payable</td>
        <td>13</td>
        <td></td>
    </tr>
    <tr>
        <td>14</td>
        <td>Taxes Paid</td>
        <td>14</td>
        <td></td>
    </tr>
    <tr>
        <td>15</td>
        <td>Tax Payable(13-14c)</td>
        <td>15</td>
        <td></td>
    </tr>
    <tr>
        <td>16</td>
        <td>Refund</td>
        <td>16</td>
        <td></td>
    </tr>
</table>
</div>
</body>
</html>
```