

Create a web-page with the appropriate controls to display a form with the fields specified in the image. Use external css to apply styles. Validate fields using JavaScript. Browse for ITR V to get this image online.

```
<!DOCTYPE>

<html>

<head>

    <title>


        IRT-V


    </title>

    <link rel="stylesheet" type="text/css" href="style.css">

</head>

<body>

<script src="formvalidate.js"></script>

<form id="form_id" method="post" name="myform" onSubmit="return validateform()">

<div>

<p style="float: left;"><b>IRT-V</b></p>

<p style="float: right;" style="margin-left: 20px" style="margin-right: 2px;"><b>&nbsp;&nbsp;&nbsp;Assessment Year</b></p>

<p align="center" class="heading" style="margin-top: 0">INDIAN INCOME TAX RETURN VERIFICATION FORM<br>

<p class="textsize">[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]</br>

(Please see Rule 12 of the Income-tax Rules,1962)</p></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" ><input type="text" name="name" /></td>

<td ><input type="text" name="pan" /></td>

</tr>

<tr>

<td>Flat/Door/Block no</td>

<td>Name Of Premises/Building/Village</td>

<td rowspan="3"> Form No. which
has been
electronically

transmitted(fill
the code)
</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>
Number</p></td>	<td ><p class="box" style="font-size: 10px">E-filing Acknowledgment
	<td ><input type="text" name="Number"/></p></td>
	<td ><input type="date" name="date" /></td>
	</tr>

</table>
</div>
<div class="div2">

	<tr>
	<td rowspan="15" 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>2</td>
<td>Deductions under Chapter-VI-A</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total Income</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td align="right">a</td>
<td>Current Year Loss if any</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net Tax Payable</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Interest Payable</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>

<td>Total Income and Interest Payable</td>

<td>6</td>

<td></td>

</tr>

<tr>

<td>7</td>

<td>Taxes Paid</td>

<td>7</td>

<td rowspan="6" class="color"></td>

</tr>

<tr>

<td align="right">a</td>

<td>Advance Text</td>

<td>a</td>

</tr>

<tr>

<td align="right">b</td>

<td>TDS</td>

<td>b</td>

</tr>

<tr>

<td align="right">c</td>

<td>TCS</td>

<td>c</td>

</tr>

<tr>

<td align="right">d</td>

<td>Self Assessment Tax</td>

<td>d</td>

</tr>

<tr>

<td align="right">e</td>

<td>Total Taxes paid(a+b+c+d)</td>

<td>e</td>

</tr>

<tr>

<td >8</td>

<td>Tax Payable(6-7d)</td>

<td>8</td>

<td>0</td>

</tr>

<tr>

<td >9</td>

<td>Refund(7e-6)</td>

<td>9</td>

<td>0</td>

</tr>

<tr>

<td rowspan="11" style="font-size: 12px" width="10px">COMPUTATION OF
FRINGE BENEFITS AND TAX THEREON</td>

</tr>

<tr>

<td>10</td>

<td>Value of Fringe Benefits</td>

<td>10</td>

11	Total Fringe benefits tax liability
12	Total interest payable
13	Total tax and interest payable
14	Taxes Paid
a	Advance Text
a	

<td rowspan="3" class="color"></td>

</tr>

<tr>

<td align="right">b</td>

<td>Self Assessment</td>

<td>b</td>

</tr>

<tr>

<td align="right">c</td>

<td>Total Taxes Paid(14a+14b)</td>

<td>c</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>

<p align="center"><input type="submit" value="register" /></p>


```
</body>
```

```
</html>
```

.css file:

```
.color{
    background-color: gray;
}

.box{
    border:1px solid black;
    padding: 10px;
    height: 12px;
}

table{

    margin-top: 0px;
    margin-left: 0px;
    height: 100%;
    width: 100%;
    margin-right: 0px;
}

table,th,td{
    border-collapse: collapse;
    border: 1px solid black;
}

div{
    margin-top: 0%;
    margin-left: 17%;
    border: 1px solid black;
```

```
        width: 50%;
        height: 13%;
        padding: 30px;

    }

    .div1{
        margin-top: 0%;
        margin-left: 17%;
        border: 1px solid black;
        width: 50%;
        height: 50%;

    }

    .div2{
        margin-top: 0%;
        margin-left: 17%;
        border: 1px solid black;
        width: 50%;
        height: 90%;

    }

    .textsize{
        font-size: 14px;
        margin-left: 90px;
        margin-right: 90px;

    }

    .heading{
        font-size: 20px;
        margin-left: 80px;
        margin-right: 90px;
```

```
}
```

.js file:

```
function validateform()
{
var name=document.myform.name.value;
var pan=document.myform.pan.value;

if (name==null || name==""){
    alert("name can't be blank");
    return false;
}
if (pan==null || pan==""){
    alert("PAN CARD number can't be blank");
    return false;
}
}
```

OUTPUT:

IRT-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

Assessment Year

[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]
(Please see Rule 12 of the Income-tax Rules, 1962)

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name		PAN
	<input type="text"/>		<input type="text"/>
	Flat/Door/Block no	Name Of Premises/Building/Village	Form No. which has been electronically transmitted(fill the code)
	Road/Street/Post Office	Area/Locality	Status(fill the code) Individual
	Town/City/District	State Pin	Designation of Assessing Officer
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	E-filing Acknowledgment Number		dd-mm-yyyy <input type="text"/>

1	Gross total income	1	
2	Deductions under Chapter-VI-A	2	
3	Total Income	3	
a	Current Year Loss if any	3a	

COMPUTATION OF INCOME AND TAX THEREON	a	Current Year Loss if any	3a	
	4	Net Tax Payable	4	
	5	Interest Payable	5	
	6	Total Income and Interest Payable	6	
	7	Taxes Paid	7	
	a	Advance Text	a	
	b	TDS	b	
	c	TCS	c	
	d	Self Assessment Tax	d	
	e	Total Taxes paid(a+b+c+d)	e	
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	
	12	Total interest payable	12	
	13	Total tax and interest payable	13	
	14	Taxes Paid	14	
	a	Advance Text	a	
	b	Self Assessment	b	
	c	Total Taxes Paid(14a+14b)	c	
	15	Tax Payable(13- 14c)	15	
16	Refund	16		

register