FORM

ITR1 SAHAJ INDIAN INCOME TAX RETURN
[For Individuals, HUFs and Firms (other than LLP) being a resident having total income upto Rs.50 lakh and having income from business and profession which is computed under sections 44AD, 44ADA or 44AE][Not for an individual who is either Director in a company or has invested in unlisted equity shares or if income-tax is deferred on ESOP or has agricultural income more than Rs.5000](Please refer instructions for eligibility)

Assessment Year 2024 - 25

Date of Filing: 25-Apr-2024*

| deterred on ESO | or has agricultural income more | than Rs. 5000 J(Please refer instru | ctions for eligibility) |
|--|---|--|--|
| PART A GENERAL INFORMAT | ΓΙΟΝ | | |
| (A1) PAN DSBNPB1976A | (A2) First Name ASUTOSH | (A2a) Middle Name | (A3) Last Name BARICK |
| (A4) Date of Birth 10/04/1997 | (A5) Aadhaar Number(12 digit: eligible for Aadhaar No.) 6xxx xxxx 6607 | s)/Aadhaar Enrolment Id(28 digits) (if | (A6) Mobile No +91 9556795876 |
| (A7) Email Address <u>ashutosh.ola@gmail.com</u> | (A8) Flat/Door/Block No. Alluri Lake View | (A9) Name of Premises/Building/Village Padma Sri Layout Gowlidoddy | (A10) Road/Street/Post Office, Area/Locality Gachibowli Rangareddy |
| (A11) Town/City/District HYDERABAD | (A12) State 07- Telangana | (A13) Country/Region 91-INDIA | (A14) PIN Code/ZIP Code 500019 |
| (A17) Nature of employment | | Others | |
| (A15)(a) Filed u/s (Tick)[Please | see instruction] | 139(1)-On or before due date | e |
| (A16) Or Filed in response to no | otice u/s | | |
| (A18) If revised/defective then original return (DD/MM/YYYY) | enter Receipt No. and Date of filing of | | |
| | tice u/s 139(9)/142(1)/148/153C or order/ Document Identification Number (D | | |
| (A20) Are you opting for new ta ✓ Yes No | x regime u/s 115BAC? | . American de la companya del companya del companya de la companya | |
| (A21) Are you filing return of in | come under Seventh proviso to section | 139(1) but otherwise not required to fu | urnish return of income? - (Tick) |
| filing return of income due to fu | lfilling one or more conditions mentione | person is not required to furnish a retu ed in the seventh proviso to section 139(Int exceeding Rs. 2 lakhs for travel to a | 1)] |
| foreign country for yourself or Yes No | | int exceeding its. 2 taking for travel to a | 0 |
| | | t exceeding Rs. 1 lakh on consumption | of 0 |
| | | d under clause (iv) of seventh proviso to | o section 139(1) (If yes, please select the |
| SI No. | Nature | | Amount |
| (1) | (2) | | (3) |
| | 775 IA | IX DEPAIL | |
| DART D CROSS TOTAL WISE | ** | | |

| | | A STATE OF THE STA | | | |
|--------|----------|--|--------------|----------|----------|
| PART B | GROSS TO | TAL INCOME | | | |
| B1 | i | Gross Salary (ia + ib + ic + id + ie) | | i | 4,48,977 |
| | a | Salary as per section 17(1) | a | 4,48,977 | |
| | b | Value of perquisites as per section 17(2) | 0 | 0 | |
| | с | Profit in lieu of salary as per section 17(3) | : | 0 | |
| | d | Income from retirement benefit account maintained in a notified country $\mbox{\it u/s}$ $_{\mbox{\it id}}$ 89A | | 0 | |
| | e | Income from retirement benefit account maintained in a country other than notified country u/s 89A | 2 | 0 | |
| | ii | Less allowances to the extent exempt u/s 10 [Ensure that it is included in salary $17(1)/17(2)/17(3)$] | y income u/s | ii | 0 |

^{*}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)."

| | SI. No. | Nature of Exempt Allowances Description (If Any Other selected) | | | | | | Total Amount | | |
|----|------------|---|--|-----------------------------|--------------------------------------|---------------------------|--------------------|--|-----------|--|
| | (1) | (2) (3) Less: Income claimed for relief from taxation u/s 89A | | | | | | (4) | | |
| | iia | | | | | | | iia | 0 | |
| | iii | Net Salary (i | Net Salary (i - ii - iia) | | | | | | 4,48,977 | |
| | iv | Deductions | u/s 16 (iva + ivb + ivc) | | | | | iv | 0 | |
| | a | Standard de | eduction u/s 16(ia) | | | iva | | 0 | | |
| | b | Entertainme | ent allowance u/s 16(ii) | | | ivb | | 0 | | |
| | С | Professiona | l tax u/s 16(iii) | | | ivc | | 0 | | |
| | v | Income cha | rgeable under the head 'Sala | ries' (iii - iv) | | | | B1 | 4,48,977 | |
| B2 | | Type Of Ho | use Property | | | | | B2 | | |
| | i | Gross rent r | eceived/ receivable/ lettable | value during the year | | | | i | 0 | |
| | ii | Tax paid to | local authorities | | ii | | | 0 | | |
| | iii | Annual Value | e (i - ii) | | | | | iii | 0 | |
| | iv | 30% of Anni | ual Value | | iv | | | 0 | | |
| | v | Interest pay | able on borrowed capital | v | | 0 | | | | |
| | vi | Arrears/Unr | ealised rent received during | the year less 30% | vi | 0 s, put the figure in B2 | | 0 | | |
| | vii | Income cha negative) | rgeable under the head 'Hous | se Property' (iii - iv - v) | + vi (If loss | | | C | | |
| В3 | | Income from | m Other Sources | | | | | В3 | 0 | |
| | SI. No. | Na | ature of Income | Description (If An | Description (If Any Other selected) | | | Tot | al Amount | |
| | (1) | | (2) | (3) | | | | | (4) | |
| | | account maintained | | | | | | of Income from retirement benefit ed in a notified country u/s 89A axable portion) | | |
| | | (i) | Up to 15-Jun-2022 | | 0 (i) | Up to | 15-Jun-2 | • | 0 | |
| | | (ii) | From 16-Jun-2022 to 15-Sep-2022 | सम्बद्धाः | 0 (ii) | From Sep-2 | | 022 to 15- | 0 | |
| | | (iii) | From 16-Sep-2022 to 15-Dec-2022 | Bly west E. | . //w 1/1/ A | | 16-Sep-2 | 16-Sep-2022 to | | |
| | | (iv) | From 16-Dec-2022 to 15-Mar-2023 | 8 82 | 0 (iv) | | 16-Dec-2 r-2023 | 2022 to | 0 | |
| | | (v) | From 16-Mar-2023 to 31-Mar-2023 | | 0 (v) | | 16-Mar-2 r-2023 | 2023 to | 0 | |
| | | Less: Incom | ne claimed for relief from taxa | ation u/s 89A | | | | | 0 | |
| | | Less: Deduction u/s 57(iia) (in case of family pension only) | | | | | | | 0 | |
| B4 | | | Income (B1+B2+B3) (If loss, pward and set off of loss, pleas | | ve) Note: T | o avail the | benefit | B4 | 4,48,977 | |
| | | - | | | | | | | | |

| SI.No. | Section | Amount | System Calculated |
|--------|---|--------|-------------------|
| C1 | 80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc. | 0 | 0 |
| C2 | 80CCC - Payment in respect Pension Fund | 0 | 0 |
| C3 | 80CCD(1) - Contribution to pension scheme of Central Government | 0 | 0 |
| C4 | 80CCD(1B) -Contribution to pension scheme of Central Government | 0 | 0 |
| C5 | 80CCD(2) - Contribution to pension scheme of Central Government by employer | 0 | 0 |
| C6 | 80D - Deduction in respect of health insurance premia | 0 | 0 |
| C7 | 80DD - Maintenance including medical treatment of a dependent who is a person with disability - | 0 | 0 |
| C8 | 80DDB - Medical treatment of specified disease - | 0 | 0 |
| С9 | 80E - Interest on loan taken for higher education | 0 | 0 |
| C10 | 80EE - Interest on loan taken for residential house property | 0 | 0 |
| C11 | 80EEA - Deduction in respect of interest on loan taken for certain house property | 0 | 0 |
| C12 | 80EEB - Deduction in respect of purchase of electric vehicle | 0 | 0 |
| C13 | 80G - Donations to certain funds, charitable institutions, etc (Please fill 80G schedule.This field is auto-populated from schedule 80G.) | 0 | 0 |
| C14 | 80GG - Rent paid (Please submit form 10BA to claim deduction) | 0 | 0 |
| C15 | 80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is autopopulated from schedule.) | 0 | 0 |
| C16 | 80GGC - Donation to Political party | 0 | 0 |
| C17 | 80TTA - Interest on deposits in saving bank Accounts | 0 | 0 |
| | C XIV | JEN'S | |

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| Acknov | wledgement Number: 188512010250424 | Date of Filing: 25-Apr-202 | |
|--------|---|----------------------------|--|
| C18 | 80TTB- Interest on deposits in case of senior citizens. | 0 | |
| :19 | 80U - In case of a person with disability - | 0 | |
| 20 | 80CCH- Contribution to Agnipath Scheme | 0 | |
| 21 | Total deductions (Add items C1 to C18) | 0 | |
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Acknowledgement Number: 188512010250424 Date of Filing: 25-Apr-2024*

Total Income 4,52,980

EXEMPT INCOME (FOR REPORTING PURPOSES)

| SI. No. | Nature of Income | Description (If Any Other selected) | Total Amount |
|------------|------------------|--------------------------------------|--------------|
| (1) | (2) | (3) | (4) |
| Total | - No | EN | 0 |

| PART D - | COMPUTATION OF TAX PAYABLE | | |
|----------|---|-----|--------|
| D1 | Tax payable on total income | D1 | 10,149 |
| D2 | Rebate u/s 87A | D2 | 10,149 |
| D3 | Tax after rebate | D3 | 0 |
| D4 | Health and education Cess @4% on D3 | D4 | 0 |
| D5 | Total Tax and Cess | D5 | 0 |
| D6 | Relief u/s 89 (Please ensure to submit Form 10E to claim this relief) | D6 | 0 |
| D7 | Interest u/s 234A | D7 | 0 |
| D8 | Interest u/s 234B | D8 | 0 |
| D9 | Interest u/s 234C | D9 | 0 |
| D10 | Fee u/s 234F | D10 | 0 |
| D11 | Total Tax, Fee and Interest (D5 + D7 + D8 + D9 + D10 - D6) | D11 | 0 |
| D12 | Total Taxes Paid | D12 | 0 |
| D13 | Amount payable (D11-D12) (if D11>D12) | D13 | 0 |
| D14 | Refund (D12 - D11) (if D12 > D11) | D14 | 0 |

PART E - OTHER INFORMATION DETAILS OF ALL BANK ACCOUNTS HELD IN INDIA AT ANY TIME DURING THE PREVIOUS YEAR (EXCLUDING DORMANT ACCOUNTS)

| SI. No. | IFS Code of the Bank Name of the Bank | | Account Number | Select Account for Refund Credit |
|------------|---------------------------------------|-----------|----------------|-------------------------------------|
| (1) | (2) | (3) | (4) | (5) |
| 1 | HDFC0005176 | HDFC BANK | 50100524272492 | ✓ |

SCHEDULE 80D

| 50250 | | | |
|-------|--------|--|-----|
| 1 | Wheth | er you or any of your family member (excluding parents) is a senior citizen? | Yes |
| (a) | Self & | Family | 0 |
| | (i) | Health Insurance | 0 |
| | (ii) | Preventive Health Checkup | 0 |
| | | | |

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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 | her any one of your parents is a senior citizen | Yes |
| (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 | le Amount of Deduction | 0 |

Date of Filing: 25-Apr-2024*

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 Town or | State code Pin 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 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 District | State code | Pin code | PAN of the | | ount of donat | tion | Eligible Amount of |
|-----|---------------|---------|--------------------------------|------------|-----------|------------|------------------|------------------------|-------------------|-----------------------|
| No. | No. the Donee | | | | 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 | Address | City or Town or | State code | Pin code | PAN of the | Am | ount of donat | tion | Eligible Amount of |
|-----|-----------|---------|--------------------|------------|-----------|------------|------------------|------------------------|-------------------|-----------------------|
| No. | the Donee | Address | District | State code | FIII Code | Donee | Donation in cash | Donation in other mode | Total donation | Donation |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (9) | (10) | (11) | (12) |

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| Total C | 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)

| | | City or | City or | ARN | Amount of donation | | | Eligible | | | |
|--|----------------------|---------|---------------------|------------|--------------------|---------------------|-----------------------------------|------------------|------------------------------|-------------------|-----------------------|
| SI. No. | Name of the Donee | Address | Town or District | State code | Pin code | PAN of the Donee | (Donation 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 | | | | | | | 0 | 0 | 0 | 0 | |
| E. Total Amount of Donations (A + B + C + D) | | | | | | | | 0 | 0 | 0 | 0 |



| 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 | | | M mana and | 25 11 | A | 0 |

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 |

SCHEDULE TCS

| SCITE | JOLE 1C3 | | | | | |
|------------|--|--------------------------|--|------------------------|---------------|---|
| 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 |

VERIFICATION

Acknowledgement Number: 188512010250424 Date of Filing: 25-Apr-2024*

I, ASUTOSH BARICK son/ daughter of BIJAYA KUMAR BARICK 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 DSNPB1976A

Place: 117.192.46.188

Date: 05-Jun-2023

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 | 0 | |