**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 2023-24

| PART A GE   | ENERAL IN   | FORMATION                         |   |   |           |  |                     |
|---|---|-----------------------------------|---|---|-----------|--|---------------------|
| (A1) PAN<br>EVHPP4636M  |   |                                   | (A2) First Name<br>SOORYA NARAYANA  | (A2a) Middle Name <b>ARYA</b>                                       |           | (A3) Last Name <b>PRAKYATH</b>                               |                     |
| (A4) Date of Birth<br><b>19/12/1999</b>                                   |   |                                   | (A5) Aadhaar Number(12 digits)//<br>eligible for Aadhaar No.)<br>2xxx xxxx 4811 | Aadhaar Enrolment Id(28 di  | gits) (if | (A6) Mobile No<br>+91 636288171                              | 0                   |
| (A7) Email Address<br>arya.prakyath@gmail.com                             |   | il.com                            | (A8) Flat/Door/Block No.  | (A9) Name of<br>Premises/Building/Villa<br><b>Gadi Mudanna Road</b> | ge        | (A10) Road/Street<br>Area/Locality<br>Kamakshipalya<br>North |                     |
| (A11) Town/City/District<br>BANGALORE                                     |   |                                   | (A12) State<br>15-Karnataka   | (A13) Country/Region <b>91-INDIA</b>                                |           | (A14) PIN Code/ZI<br><b>560079</b>                           | P Code              |
| (A17) Natur   | re of emplo   | yment                             |   | Others  |           |  |                     |
| (A15)(a) Fil  | ed u/s (Tick  | )[Please see in                   | struction]  | 139(1)-On or before   | due da    | te   |                     |
| (A16) Or Fil  | led in respo  | nse to notice u                   | /s  |   |           |  |                     |
|   | rised/defecti<br>urn (DD/MM   |                                   | Receipt No. and Date of filing of   |   |           |  |                     |
| 119(2)(b)- e  |   | e Number/ Dod                     | 139(9)/142(1)/148/153C or order<br>ument Identification Number (DIN             |   |           |  |                     |
| (A20) Are y  ☐ Yes ☑ No   |   | or new tax regi                   | me u/s 115BAC?  | 500   |           | <u> </u>   |                     |
| ☐ Yes ☑ No<br>(ii) Have yo<br>electricity o<br>☐ Yes ☑ No<br>(iv) Are you | ou incurred of<br>during the poor<br>u required to<br>andition fron | expenditure of revious year?      | s per other conditions prescribed   | स्थानम् वापते   | ·         | 0  | , please select the |
| SI No.  |   |                                   | Nature  |   |           | Amount   |                     |
| DART D CE   | DOCC TOTA   | LINCOME                           | OMET  | PARTNIP   |           |  |                     |
| PART B GF   |   |                                   |   |   |           | 1.   | 6.10.570            |
| B1  | i   | ross Salary (la                   | a + ib + ic + id + ie)  |   |           | ĺ  | 6,10,579            |
|   | a !   | Salary as per s                   | ection 17(1)  |   | ia        | 6,10,579   |                     |
|   | b '   | Value of perqui                   | sites as per section 17(2)  |   | ib        | 0  |                     |
|   | c I   | Profit in lieu of                 | salary as per section 17(3)   | ic 0  |           |  |                     |
|   | d I   | ncome from re<br>39A              | tirement benefit account maintair   | ned in a notified country u/s                                       | id        | 0  |                     |
|   | e 1   | notified country                  |   |   | ie        | 0  |                     |
|   |   | _ess allowance<br>L7(1)/17(2)/17( | s to the extent exempt u/s 10 [Ens<br>3)]                                       | sure that it is included in sal                                     | ary inco  | me u/s<br>ii   | 0                   |

|    | SI<br>No. | Nature of Exempt Allowances                            |  | Description ( If )                   | Description ( If Any Other selected) |              |               |                     | Total Amount  |           |  |
|----|-----------|--|--|--------------------------------------|--------------------------------------|--------------|---------------|---------------------|---|-----------|--|
|    | iia       | Less : Incor   | me claimed for relief from ta                                | xation u/s 89A                       | ation u/s 89A                        |              |               |                     |   |           |  |
|    | iii       | Net Salary   | Net Salary (i - ii - iia)                                    |                                      |                                      |              |               |                     | iii   | 6,10,57   |  |
|    | iv        | Deductions   | u/s 16 (iva + ivb + ivc)                                     |                                      |                                      |              |               |                     | iv  | 52,40     |  |
|    | а         | Standard d   | eduction u/s 16(ia)  |                                      |                                      |              | iva           |                     | 50,000  |           |  |
|    | b         | Entertainm   | ent allowance u/s 16(ii)                                     |                                      |                                      |              | ivb           |                     | 0   |           |  |
|    | С         | Professional tax u/s 16(iii) ivc                       |  |                                      |                                      |              |               |                     | 2,400   |           |  |
|    | v         | Income chargeable under the head 'Salaries' (iii - iv) |  |                                      |                                      |              |               |                     | B1  | 5,58,17   |  |
| B2 |           | Type Of Ho   | use Property   |                                      |                                      |              |               |                     | B2  |           |  |
|    | i         | Gross rent   | received/ receivable/ lettable                               | e value during the yea               | ar                                   |              |               |                     | 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%                    |                                      |              |               |                     |   |           |  |
|    | vii       | Income cha<br>negative)                                | argeable under the head 'Hou                                 | use Property' (iii - iv -            | v) +                                 | vi (If loss, | , put the     | figure in           | B2  | (         |  |
| В3 |           | Income from Other Sources                              |  |                                      |                                      |              |               |                     | В3  | 173       |  |
|    | SI<br>No. | N  | ature of Income  | Description ( If Any Other selected) |                                      |              |               |                     | Tota  | al Amount |  |
|    | 1         | 1 Interest from Saving Account                         |  |                                      |                                      |              |               |                     |   | 171       |  |
|    |           |  | Quarterly breakup of Div                                     | account maintaine                    |                                      |              |               | itained             | of Income from retirement benefi<br>ed in a notified country u/s 89A<br>axable portion) |           |  |
|    |           | (i)  | Up to 15-Jun-2022  |                                      | 0                                    | (i)          | Up to         | 15-Jun-2            | 2022  | (         |  |
|    |           | (ii)   | From 16-Jun-2022 to 15-Sep-2022                              | सम्बद्धाः वस्ति                      | 0                                    | (ii)         | From<br>Sep-2 |                     | 022 to 15-  | (         |  |
|    |           | (iii)  | From 16-Sep-2022 to 15-Dec-2022                              | 3) 1000                              | 0                                    | (iii)        |               | 16-Sep-2<br>ec-2022 | 2022 to   | C         |  |
|    |           | (iv)   | From 16-Dec-2022 to<br>15-Mar-2023                           | 38 101                               | 0                                    | (iv)         |               | 16-Dec-<br>ar-2023  | 2022 to   | C         |  |
|    |           | (v)  | From 16-Mar-2023 to 31-Mar-2023                              |                                      | 0                                    | (v)          |               | 16-Mar-:<br>ar-2023 | 2023 to   | C         |  |
|    |           | Less: Incom  | ne claimed for relief from tax                               | ation u/s 89A                        | AT                                   |              |               |                     |   | (         |  |
|    |           |  | ction u/s 57(iia) (in case of fa                             |                                      |                                      |              |               |                     |   | (         |  |
| B4 |           | Gross Total  | Income (B1+B2+B3) (If loss<br>ward and set off of loss, plea | , put the figure in neg              | gativ                                | e) Note: T   | o avail th    | ne benefi           | t<br>B4   | 5,58,350  |  |

| PART C | - DEDUCTIONS AND TAXABLE TOTAL INCOME   |        |                   |
|--------|---|--------|-------------------|
| 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.       | 25,328 | 25,328            |
| C2     | 80CCC - Payment in respect Pension Fund   | 0      | 0                 |
| С3     | 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   | 7,786  | 7,786             |
| 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                 |
| C9     | 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)   | 60,000 | 60,000            |
| 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                 |
|        | (No.  | TEN!   |                   |

<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)."

| C18       | 80TTB- Interest on deposits in case of senior citizens. | RTM    | 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)                  | 93,114 | 93,114   |
| Total Inc | come  |        | 4,65,240 |

| SI No. | Nature of Income | Description ( If Any Other selected) | Total Amount |
|--------|------------------|--------------------------------------|--------------|
| Total  |                  |                                      | 0            |

| 10,762 |
|--------|
| 10,762 |
| 0      |
| 0      |
| 0      |
| 0      |
| 0      |
| 0      |
| 0      |
| 0      |
| 0      |
| 18,220 |
| 0      |
| 18,220 |
|        |

## 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<br>Credit |
|--------|----------------------|------------------|----------------|-------------------------------------|
| 1      | BARBOKAMBAN          | BANK OF BARODA   | 19030100027528 | <b>☑</b>                            |
|        |                      | W assa           | 3 7/1          |                                     |
| SCHEE  | OULE 80D             |                  |                |                                     |

| 1       | Whethe            | er you or any of                | your family m                  | ember (excludi   | ng parents) is | a senior citize     | n?               | No                     |             |                                   |  |  |
|---------|-------------------|---------------------------------|--------------------------------|------------------|----------------|---------------------|------------------|------------------------|-------------|-----------------------------------|--|--|
| (a)     | Self & F          | amily                           |                                | 1/1              |                |                     | <i>}}</i>        |                        |             | 7,786                             |  |  |
|         | (i)               | Health Insuran                  | ce                             | TH.              | सन्यभाव वस     | 15                  | 7/               | A                      |             | 7,786                             |  |  |
|         | (ii)              | Preventive Hea                  | alth Checkup                   | 10%              | र्शेष मुलो     | 4                   |                  | 1                      |             | (                                 |  |  |
| (b)     | Self & F          | amily including                 | Senior Citizer                 | Va               | 7              | 23                  | L'Ins.           |                        |             | (                                 |  |  |
|         | (i)               | Health Insuran                  | ce                             | OME              | TAY D          | EPART               | W.               |                        |             | (                                 |  |  |
|         | (ii)              | Preventive Hea                  | alth Checkup                   |                  |                |                     |                  |                        |             | (                                 |  |  |
|         | (iii)             | Medical Expen<br>not claimed at |                                | eduction to be o | claimed on wh  | ich health insu     | irance is        |                        |             | C                                 |  |  |
| 2       | Whethe            | er any one of yo                | ur parents is a                | senior citizen   |                |                     |                  | Yes                    |             |                                   |  |  |
| (a)     | Parents           |                                 |                                |                  |                |                     |                  |                        |             | (                                 |  |  |
|         | (i)               | Health Insuran                  | ce                             |                  |                |                     |                  |                        |             | (                                 |  |  |
|         | (ii)              | Preventive Hea                  | alth Checkup                   |                  |                |                     |                  |                        |             | C                                 |  |  |
| (b)     | Parents           | including Senic                 | r Citizen                      |                  |                |                     | 1                |                        |             | (                                 |  |  |
|         | (i)               | Health Insuran                  | ce                             |                  |                |                     |                  |                        | 0           |                                   |  |  |
|         | (ii)              | Preventive Hea                  | alth Checkup                   |                  |                |                     |                  |                        | 0           |                                   |  |  |
|         | (iii)             | Medical Expen<br>not claimed at |                                | eduction can be  | claimed on w   | hich health ins     | surance is       |                        |             | C                                 |  |  |
| 3       | Eligible          | Amount of Ded                   | uction                         |                  |                |                     |                  |                        |             | 7,786                             |  |  |
|         |                   | ETAILS OF DON                   |                                |                  |                |                     |                  | W IC EILLED I          | OV THE HEED | ALL THE                           |  |  |
|         |                   | OW SHOULD B                     |                                |                  | QUALIFTIN      | G LIMIT, (WIT       |                  |                        |             |                                   |  |  |
| SI No.  | Name of the Donee | Address                         | City or<br>Town or<br>District | State code       | Pin code       | PAN of the<br>Donee |                  | Donation in other mode | Total       | Eligible<br>Amount of<br>Donation |  |  |
| Γotal A |                   |                                 |                                |                  |                |                     | 0                |                        |             |                                   |  |  |
|         |                   |                                 |                                |                  |                |                     |                  |                        |             |                                   |  |  |
|         |                   | TITLED FOR 50<br>OW SHOULD B    |                                |                  | QUALIFYING     | LIMIT (WHEF         | RE ANY ROW       | IS FILLED BY           | THE USER, A | LL THE                            |  |  |
| SI No.  | Name of           | Address                         | City or<br>Town or             | State code       | Pin code       | PAN of the          | Am               | nount of dona          | tion        | Eligible<br>Amount of             |  |  |
|         | the Donee         |                                 | District                       |                  |                | Donee               | Donation in cash | Donation in other mode |             | Donation                          |  |  |
| Γotal B |                   |                                 |                                |                  |                |                     | 0                | 0                      | 0           |                                   |  |  |
|         |                   | TITLED FOR 10                   |                                |                  | TO QUALIFY     | ING LIMIT (W        | HERE ANY R       | OW IS FILLED           | BY THE USE  | R, ALL THE                        |  |  |
|         | Name of           |                                 | City or                        |                  |                | PAN of the          | Am               | nount of dona          | tion        | Eligible                          |  |  |
| SI No.  | the Donee         | Address                         | Town or<br>District            | State code       | Pin code       | Donee               | Donation in      | Donation in            | Total       | Amount o                          |  |  |

Donation in Donation in

other mode

cash

Total

donation

Donation

District

| otal C  |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|---------|----------------------|----------------|--------------------------|--------------------------|-----------------|---------------------|-----------------------------------|------------------|------------------------------|-------------------|--------------------|
| otal C  |                      |                |                          |                          |                 |                     |                                   | 0                | 0                            | 0                 |                    |
| D. DOI  | NATIONS EN           | NTITLED FOR    | R 50% DEDU<br>D BECOME I | ICTION SUBJ<br>MANDATORY | ECT TO QUA<br>) | ALIFYING LIM        | IIT (WHERE                        | ANY ROW IS       | FILLED BY                    | THE USER,         | ALL THE            |
|         | Name of              |                | City or                  |                          |                 | DAN of the          | ARN (Paration                     | Amo              | unt of dona                  | tion              | Eligible           |
| il No.  | Name of<br>the Donee | Address        | Town or<br>District      | State code               | Pin code        | PAN of the<br>Donee | (Donation<br>Reference<br>Number) | Donation in cash | Donation<br>in other<br>mode | Total<br>donation | Amount of Donation |
| otal D  |                      |                |                          | f.f                      |                 |                     | W                                 | 0                | 0                            | 0                 |                    |
| . Total | Amount of E          | Donations (A - | + B + C + D)             | (1)                      | 1               |                     | M                                 | 0                | 0                            | 0                 |                    |
|         |                      |                |                          | 1136                     | - 43            |                     | 73/1                              |                  |                              |                   |                    |
|         |                      |                | , i                      | W                        | 168 1           | व्ययन व्ययते        | 5 HJ -                            |                  |                              |                   |                    |
|         |                      |                |                          |                          | 1/2 Ca.         | मुला प              | 39                                | $\mathcal{M}$    | -7                           |                   |                    |
|         |                      |                | ( )                      | NCON                     | 200             |                     | 115                               |                  |                              |                   |                    |
|         |                      |                |                          | CON                      | E TAY           | Y DEDA              | RTME                              |                  |                              |                   |                    |
|         |                      |                |                          |                          | TAV             | LUCE                |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |
|         |                      |                |                          |                          |                 |                     |                                   |                  |                              |                   |                    |

| SCHED                       | ULE 80GG                                     | A DETAILS O  | F DONATIO                  | NS FOR SC                    | IENTIFIC RES                              | SEARCH OR                    | RURAL DEVE             | LOPMENT                                    |                        |                   |                               |
|-----------------------------|--|--|----------------------------|------------------------------|---|------------------------------|------------------------|--|------------------------|-------------------|-------------------------------|
|                             | Relevant<br>Clause<br>under                  | Name of  |                            | City or                      |   |                              | PAN of the             |  | unt of Dona            | tion              | Eligible                      |
| SI No.                      | which<br>deduction<br>is claimed             | the Donee  | Address                    | Town or<br>District          | State Cod                                 | e Pin code                   | Donee                  | Donation<br>in Cash                        | Donation in other mode | Total<br>Donation | Amount of<br>Donation         |
| Total                       |  |  |                            |                              |   |                              |                        | 0  | 0                      | 0                 | 0                             |
|                             |  |  |                            |                              |   |                              |                        |  |                        |                   |                               |
| TAX P                       | AYMENTS                                      |  |                            |                              |   |                              |                        |  |                        |                   |                               |
| SI No.                      |  | BSR Code   |                            | Date of Dep                  | osit (DD/MM                               | I/YYYY) S                    | Serial Numbe           | er of Challan                              |                        | Tax paid          | d                             |
| Total                       |  |  |                            |                              |   |                              |                        |  |                        |                   | 0                             |
| SCHED                       | ULE TDS1 -                                   | - DETAILS O  | F TAX DED                  | UCTED AT S                   | OURCE FRO                                 | M SALARY [                   | AS PER FORM            | 1 16 ISSUED I                              | BY EMPLOY              | ER(S)]            |                               |
| SI No.                      | TAN  | of the Deduc   | tor                        | Name o                       | f the Deduc                               | tor                          | ncome charg<br>salaı   |  | То                     | tal Tax Dec       | ducted                        |
| 1                           | HYDD00664                                    | ·G   |                            | DELOITTE CO<br>PRIVATE LIMIT | NSULTING IND<br>FED                       | DIA                          | 14                     | 5,25,06                                    | 55                     |                   | 18,220                        |
| Total                       |  |  |                            |                              | - (                                       |                              | II)                    |  |                        |                   | 18,220                        |
|                             | OULE TDS2 -                                  | DETAILS O  | F TAX DED                  | UCTED AT S                   | OURCE FRO                                 | M INCOME C                   | THER THAN              | SALARY [AS                                 | PER FORM 1             | L6A ISSUED        | р вү                          |
|                             | TAN of the                                   | Deductor   | Name o                     | or the                       | iross receipt<br>is subject t<br>deductio | o tax                        | Year of tax deduction  | Tax  | Deducted               |                   | edit out of<br>ed this year   |
| Total                       |  |  | 1                          | V/Co                         | NA.                                       |                              | TIME                   |  |                        |                   | 0                             |
|                             |  |  |                            |                              | TE TA                                     | X DEP                        | AIN                    |  |                        |                   |                               |
| SCHED                       | ULE TDS3                                     |  |                            |                              | -   | ER FORM 16<br>Gross rece     | int                    | D BY THE PAY                               | (ER(S))                | TDS               | Credit out                    |
| SI No.                      | PAN of<br>Tenai                              |  | haar Numl<br>the Tenan     |                              |   | which is sub<br>to tax deduc | ject tea               | r of tax<br>luction                        | Tax Deduct             | ted of (          | 6) claimed<br>his year        |
| Total                       |  |  |                            |                              |   |                              |                        |  |                        |                   | 0                             |
|                             |  |  |                            |                              |   |                              |                        |  |                        |                   |                               |
| SCHED                       | OULE TCS<br>Tax Col                          | lection  |                            |                              | Gross payr                                | ment                         |                        |  |                        |                   |                               |
| SI No.                      | Account N                                    | lumber of  | Name o<br>Collec           |                              | which is sub<br>tax collect               | ject to                      | Year of tax collection | Tax  | Collected              |                   | dit out of (5)<br>d this year |
| Total                       |  |  |                            |                              |   |                              |                        |  |                        |                   | 0                             |
|                             |  |  |                            |                              | VE  | RIFICATION                   |                        |  |                        |                   |                               |
| knowle<br>1961. I<br>permar | dge and beli<br>further deck<br>nent account | ef, the inform<br>are that I am<br>number <b>EVF</b> | ation given<br>making this | in the return                | is correct an                             | d complete a                 | nd is in accord        | RYA solemnly ance with the nt to make this | provisions of          | the Income        | -tax Act,                     |
|                             | 49.205.149.1                                 | 1/   |                            |                              |   |                              |                        |  |                        |                   |                               |
|                             | 4-Jul-2023<br>return has l                   | been prepai  | ed by a Ta                 | x Return Pr                  | eparer (TRP                               | ) give furth                 | er details be          | low:                                       |                        |                   |                               |
|                             | cation No. of                                |  |                            |                              | Sparer (TIME                              | Name of T                    |                        |  | Counter Sig            | gnature of TI     | RP                            |
|                             |  |  |                            |                              |   |                              |                        |  |                        |                   |                               |

**Acknowledgement Number:** Date of Filing: If TRP is entitled for any reimbursement from the Government, amount thereof 0