INDIAN INCOME TAX RETURN

FORM ITR1 SAHAJ [For individuals being a RESIDENT (OTHER THAN NOT ORDINARILY RESIDENT) having total income up to Rs.50 lakh, having Income from Salaries, one house property, other sources (Interest etc.), long-term capital gains

Assessment Year 2025-26

under section 112A upto Rs. 1.25 lakh, and agricultural income up to 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 or has assets (including financial interest in any entity) located outside India] (Refer instructions for eligibility)

		rest in any entity, located outs	ide maid] (Nerer matractions	ror engilon	,	
PART A GEI	NERAL INFORMATI	ON				
(A1) PAN EVHPP463 6	6M	(A2) First Name PRAKYATH	(A2a) Middle Name S		(A3) Last Name	
(A4) Date of 19/12/1999		(A5) Aadhaar Number(12 digi 2xxx xxxx 4811	its)(if eligible for Aadhaar No.)		(A6) Mobile No +91 63628817	10
(A7) Email A arya.praky	ddress ath@gmail.com	(A8) Flat/Door/Block No. 22	(A9) Name of Premises/Building/Villa Gadi Mudanna Road	ge	(A10) Road/Stree Area/Locality Kamakshipalya North	et/Post Office, a S.O, Bangalore
(A11) Town/ BANGALOR		(A12) State 15-Karnataka	(A13) Country/Region 91-INDIA		(A14) PIN Code/2 560079	IP Code
(A15) Filing	Section		139(1)-On or before	due date		
(A16) Or File	ed in response to not	ice u/s				
(A17) Nature	e of employment		Others			
	sed/defective then er rn (DD/MM/YYYY)	nter Receipt No. and Date of filing	of			
119(2)(b)- e		e u/s 139(9)/142(1)/148/153C or or / Document Identification Number				
		e option u/s 115BAC(6) of Opting o ould be exercised along with return		is "No")		
	ou filing return of inco	ome under Seventh proviso to sect	ion 139(1) but otherwise not rec	uired to furr	ish return of incon	ne? - (Tick)
If yes, please		formation [Note: To be filled only if illing one or more conditions menti				ction 139(1) but
	incurred expenditur try for yourself or fo	e of an amount or aggregate of am r any other person?	nount exceeding Rs. 2 lakhs for t	ravel to a		0
	i incurred expenditui uring the previous ye	re of amount or aggregate of amou ear?	ınt exceeding Rs. 1 lakh on cons	umption of		0
(iii) Are you	required to file a retudition from the drop	urn as per other conditions prescrit down menu)	oed under clause (iv) of seventh	proviso to se	ection 139(1) (If ye	s, please select the
		Co	-TAKE!			
PART B GR	OSS TOTAL INCOM	E				
B1	i Gross Sala	ry (ia + ib + ic + id + ie)	0100		i	10,64,919
	a Salary as p	per section 17(1)		ia	10,64,919	
	b Value of pe	erquisites as per section 17(2)		ib	0	
	c Profit in lie	eu of salary as per section 17(3)		ic	0	
	d Income fro	om retirement benefit account mair	ntained in a notified country u/s	id	0	
	SI. No.	Country	Amount			
		m retirement benefit account mair untry u/s 89A	ntained in a country other than	ie	0	
	ii Less allowa 17(1)/17(2	ances to the extent exempt u/s 10)/17(3)]	[Ensure that it is included in sal	ary income u	/s ii	0
l	ı				1	

	SI. Nature of Exempt Allowance		Description (If 'Any Other' selected)			Amount				
	(1)	(2)	(3)			(4)				
	iia	Less : Income claimed for relief from tax	ation u/s 89	4				iia		0
	iii	Net Salary (i - ii - iia)						iii		10,64,919
	iv	Deductions u/s 16 (iva + ivb + ivc)						iv		75,000
	a	Standard deduction u/s 16(ia)				iva		75,000		
	b	Entertainment allowance u/s 16(ii)				ivb		0		
	С	Professional tax u/s 16(iii)				ivc		0		
	v	Income chargeable under the head 'Sala	ries' (iii - iv)		I			v		9,89,919
B2		Type Of House Property						B2		
	i	Gross rent received/ receivable/ letable v	alue during	the year				i		0
	ii Tax paid to local authorities					ii		0		
	iii Annual Value (i - ii)							iii		0
	iv 30% of Annual Value (30% * iii)						iv		0	
	v	Interest payable on borrowed capital					v	(
	vi	Arrears/Unrealised rent received during the year less 30%					vi		0	
	vii	Income chargeable under the head 'House Property' (iii-iv-v)+vi Note: (If loss, put the figure in negative) Maximum Loss from House property that can be set-off in computing income of this year is INR 2,00,000. To avail the benefit of carry forwa and set off of loss, please use ITR-2					vii		0	
В3		Income from Other Sources						В3		0
	SI. No.	Nature of Income	Descrip	otion (If 'A	ny Other' s	electe	d)	ı	Amount	
	(1)	(1) (2)		(3)				(4)		
	1	Interest from Saving Account	YAT	A)	1/2					0
		Quarterly breakup of Dividend Incom	ne		breakup o t maintaine (ta	ed in a		country		
	(i)	Up to 15-Jun-2024	0	(i) 45	Up to 15-Ju	n-2024	A		0	
	(ii)	From 16-Jun-2024 to 15-Sep-2024	0	(ii)	From 16-Ju 15-Sep-202	n-2024 24	to	7	0	
	(iii)	From 16-Sep-2024 to 15-Dec-2024	0	0 (iii) From 16-Sep-2024 to 15-Dec-2024		4 to	0			
	(iv)	From 16-Dec-2024 to 15-Mar-2025		0 (iv) From 16-Dec-2024 to 15-Mar-2025		4 to	0			
	(v)	From 16-Mar-2025 to 31-Mar-2025	0	(v)	From 16-M 31-Mar-202		5 to		0	
		Less: Income claimed for relief from taxa	ition u/s 89A							0

Acknowledgement Number : Date of Filing :

B4 Gross Total Income (B1+B2+B3+B7a(iii)) (If loss, put the figure in negative) Note: To avail the benefit of carry forward and set of loss, please use ITR -2 B4 9,89,	
	919
हस्यमेश व्याहे	
All shared to the	

PART C	ART C - DEDUCTIONS AND TAXABLE TOTAL INCOME					
SI.No.	Section	Amount	System Calculated			
C1	80C - Life insurance premium, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc.	0	0			
C2	80CCC - Payment in respect Pension Fund, etc.	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 (Please fill schedule 80D. This field is auto-populated from schedule 80D)	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			
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	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 savings bank account	0	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)."

Acknowledgement Number: Date of Filing:

C18	80TTB- Interest on deposits 0	0
C19	80U - In case of a person with disability 0	0
C20	80CCH- Contribution to Agnipath Scheme 0	0
C21	Total deductions (C1 to C20)	0
Total In	ncome (B4-C21)	9,89,920

EXEMPT INCOME: FOR REPORTING PURPOSE AND INCOME ON WHICH NO TAX IS PAYABLE
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SI. No.	Nature of Income	Description (If 'Any Other' selected)	Amount
(1)	(2)	(3)	(4)
Total A	mount		0

INCOME O	N WHICH NO TAX IS PAYABLE: LONG TERM CAPITAL GAINS U/S 112A NOT CHARGEABLE TO	INCOME-TAX	
i	Total sale consideration	0	

ii Total cost of acquisition 0
iii Long term capital gains as per sec 112A 0

PART D	- COMPUTATION OF TAX PAYABLE		
D1	Tax payable on total income	D1	48,992
D2	Rebate u/s 87A	D2	0
D3	Tax payable after Rebate	D3	48,992
D4	Health and education Cess @4% on (D3)	D4	1,960
D5	Total Tax and Cess	D5	50,952
D6	Relief u/s 89 (Please ensure to submit Form 10E to claim this relief)	D6	0
D7	Balance Tax After Relief (D5 - D6)	D7	50,952
D8	Interest u/s 234A	D8	0
D9	Interest u/s 234B	D9	0
D10	Interest u/s 234C	D10	0
D11	Fee u/s 234F	D11	0
D12	Total Interest and Fee Payable (D8 + D9 + D10 + D11)	D12	0
D13	Total Tax, Fee and Interest (D7 + D12)	D13	50,952

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D14	Total Advance Tax Paid	D14	0
D15	Total Self-Assessment Tax Paid	D15	0
D16	Total TDS Claimed	D16	50,952
D17	Total TCS Claimed	D17	0
D18	Total Taxes Paid (D14 + D15 + D16 + D17)	D18	50,952
D19	Amount payable (D13-D18) (if D13 > D18)	D19	0
D20	Refund (D18 - D13) (if D18 > D13)	D20	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	Code of the Bank Name of the Bank		Type of account	Select Account for Refund Credit
(1)	(2)	(3)	(4)	(5)	(6)
1	HDFC0004310	HDFC BANK	50100443402651	Savings Account	V

SECTION 24(B) - INTEREST ON BORROWED CAPITAL

SI. No.	Loan taken from	Name of the bank / Institution / Person from which the loan is taken	Loan Account number of the Bank/ Institution	Date of sanction of loan	Total amount of loan	Loan outstanding as on last date of financial year	Interest on Borrowed capital u/s 24(b)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total of Interest on Borrowed capital u/s 24(b)							0

SCHEDULE-10(13A) HOUSE RENT ALLOWANCE(HRA)

Place of Work	received (A) paid		Details of Salary as per section 17(1)	Basic Salary	asic Salary Dearness Allowance		50% /40% of salary©	Eligible Exempt Allowance u/s 10(13A)
(1)	(2)	(3)	(4)	(4a)	(4b)	(5)	(6)	(7)
	0	0	0	0	0	0	0	0

SCHEDULE 80D

1	Whethe	r you or any of your family member (excluding parents) is a senior citizen?	1
(a)	Self & F	amily 0	
	(i)	Health Insurance 0	

			s of Insurance			
		S. No.	Name of the Insurer (Insurance company)	Policy number	Health Insura amount	nce
		(1)	(2)	(3)	(4)	
		Total c	of payments			(
	(ii)	Prevei	ntive Health Checkup			
(b)	Self &	Family i	ncluding Senior Citizen			
	(i)	Health	n Insurance			
		Detail	s of Insurance			
		S. No.	Name of the Insurer (Insurance company)	Policy number	Health Insura amount	nce
		(1)	(2)	(3)	(4)	
		Total c	of payments	TANK	W	(
	(ii)	Prevei	ntive Health Checkup	(=6)3	<i>}</i> }	
	(iii)	Medic not cla	al Expenditure (This deduction aimed at (i) above)	n can be claimed on which	health insurance is	,à
2	Wheth	er any o	ne of your parents is a senior	citizen	30	Λ
(a)	Parent	S	ZINA		Than	5
	(i)	Health	n Insurance	ME TAX DEP	ARTME	
		Detail	s of Insurance	1000	1	
		S. No.	Name of the Insurer (Insurance company)	Policy number	Health Insura amount	nce
		(1)	(2)	(3)	(4)	
		Total o	of payments			(
	(ii)	Prevei	ntive Health Checkup			
(b)	Parent	s includi	ing Senior Citizen			
	(i)	Health	n Insurance			
		Detail	s of Insurance			
		S. No.	Name of the Insurer (Insurance company)	Policy number	Health Insura amount	nce
		(1)	(2)	(3)	(4)	
		Total o	of payments			(
	(ii)	Preve	ntive Health Checkup		l	
	(iii)	Medic not cla	al Expenditure (This deduction aimed at (i) above)	n can be claimed on which	health insurance is	
3	Eligible		nt of Deduction			

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SECTIO	SECTION 80U - DETAILS OF DEDUCTION IN CASE OF A PERSON WITH DISABILITY											
SI. No.	Nature of Disability	Type of Disability	Amount of Deduction	Ack. No. of Form 10IA filed	UDID Number (If available)							
(1)	(2a)	(2b)	(3)	(3)								
1		0										

SECTION 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	Type of Disability	Amount of Deduction	Type of dependent	PAN of the dependent	Aadhaar of the dependent	Ack. No. of Form 10IA filed	UDID Number (If available)
(1)	(2a)	(2b)	(3)	(4)	(5)	(6)	(7)	(8)
1			0					

SCHEDULE 80G DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G



A. DONATIONS ENTITLED FOR 100% DEDUCTION WITHOUT QUALIFYING LIMIT, (WH	HERE ANY ROW IS FILLED BY THE USER, ALL THE
FIELDS IN THAT ROW SHOULD BECOME MANDATORY)	

	Name of	Address	City or Town or	State code	Pin code PAN of Donee	PAN of	Am	ount of dona	Eligible Amount of Donation	
No.	Donee	Address	District	State code		Donation in cash	Donation in other mode	Total donation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
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	Am	ount of dona	Eligible Amount of		
No.	Donee	Address	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 B	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.	Addres	Adduses	City or s Town or	State code	Pin code	PAN of	Am	Eligible Amount of		
No.	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 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)

SI.	Name of		City or			PAN of	ARN (Donation	Amo	ount of dona	ntion	Eligible
No.	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				A			TIM.	0	0	0	0
E. Tota	Amount of D	onations (A	+ B + C + D)	W			14	0	0	0	0

SCHEDULE 80GGA DETAILS OF DONATIONS FOR SCIENTIFIC RESEARCH OR RURAL DEVELOPMENT

SI.	Relevant Clause Name of City or State PAN of	Amo	ntion	Eligible Amount							
No.	under which deduction is claimed	Donee	Address	Town or District	Code	Pin code	Donee	Donation in Cash	Donation in other mode	Total Donation	of Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total D	onation				- IAA	DELL		0	0	0	0

SCHEDULE 80GGC DETAILS OF CONTRIBUTION MADE TO POLITICAL PARTIES

SI.	Date	Am	nount of Contributi	ion	Eligible	Transaction Reference number for UPI transfer	IFSC code of
No.		Contribution in Cash	Contribution in other mode	Total Contribution	Amount of / Cheque number / IMPS / NEFT / RTGS reference number	Bank	

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total Co	ontribution	0	0	0	0		

SCHEDULE IT	- DETAILS OF ADV	ANCE TAX AND SELF	ASSESSMENT TAX	K PAYMENTS
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SI. No. BSR Code		Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid
(1)	(2)	(3)	(4)	(5)
Total				0

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 Deductor	Income chargeable under salaries	Total Tax Deducted	
(1)	(2)	(3)	(4)	(5)	
1	HYDD00664G	DELOITTE CONSULTING INDIA PRIVATE LIMITED	9,89,919	50,952	
Total				50,952	

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

SI. No.	TAN of the Deductor	which IDS		Gross receipt which is subject to tax deduction Year of tax deduction		Tax Deducted	TDS Credit out of (6)claimed this year
(1)	(2)	(3a)	(3b)	(4)	(5)	(6)	(7)
Total							0

SCHEDULE TDS3 - DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY PAYER(S))

SI. No.	PAN of the Tenant	Aadhaar No of the Tenant	Name of the Tenant	Section under which TDS deducted	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (7) claimed this year
(1)	(2)	(3)	(4a)	(4b)	(5)	(6)	(7)	(8)
Total								0

SCH TCS DETAILS OF TAX COLLECTED AT SOURCE [AS PER FORM 27D ISSUED BY THE COLLECTOR(S)]

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 (6) claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total			M WWW	M		0

VERIFICATION

Acknowledgement Number : Date of Filing :

I, **PRAKYATH S ARYA** son/ daughter of **SOORYA NARAYANA ARYA KARKALA** 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 **EVHPP4636M**

Place: Bengaluru Date: 04-Jul-2025

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	