ITR 4 - INDIAN INCOME TAX RETURN

Assessment Year: 2018-19

(FOR PRESUMPTIVE INCOME FROM BUSINESS & PROFESSION)

(Please see rule 12 of the Income-tax Rules, 1962)

(Also see attached instructions)

(Also see attached histractions)										
Personal Information										
Name	MOHD ILIYAS SHAIKH									
Permanent Account Number	GGBPS1927K	Income Tax Ward/Circle	WARD 26(1)(4), MUMBAI							
Date of Birth/Formation (DD/MM/	10/05/1986									
YYYY)										
Address										
Flat/Door/Building		SK406CSMFT								
Name of Premises/ Building/ Village		NITYANAND NAGAR								
Road/Street		GATE NO 4								
Area/locality	130	WADALA EAST								
Town/City/District	N all	MUMBAI								
State	M W	MAHARASHTRA								
Country	M M	INDIA								
Pin code		400037								
Aadhaar Number (Please enter the Aad	haar Number which is linked with your	998583900388								
PAN in e-Filing portal. Applicable to I	ndividual only)	S5 /	A							
Status	1 1 1 1 1 1 1 1 1	Individual	ノレッ							
Mobile No.1	7 /A	91 - 9867419493								
Std Code	OME	- COLINE	///							
Landline Phone number (Residence/Of	fice)	DEPAIN								
Mobile No. 2										
Email Address		caoffice@gmail.com								
Filing Status										
Tax Status (Fill Only one)		Tax Refundable								
Residential Status		Resident								
Return filed under section		11 - On or Before Due Date 139(1))							
Whether Person governed by Portugues	se Civil Code under section 5A	No								
If A22 is applicable, PAN of the Spous	e									
Whether original or revised return?		Original								
If under section: 139(5)- revised return	:									
Original Acknowledgement Number.										
Date of filing of Original Return(DD/N	MM/YYYY)									
If under Sec 139(9)- Defective return										

				,								
Acknow	vledgemen	at number of the original return(Defective return)										
Date of	the origina	al Return (Where the original return filed was Defective and a										
notice w	vas issued	to the assessee to file a fresh return Sec139(9))										
Notice r	number (W	/here the original return filed was Defective and a notice was										
issued to	o the asses	ssee to file a fresh return Sec139(9))										
If filed i	in response	e to notice u/s 139(9)/142(1)/148/153A/153C,enter the date of										
such no	tice											
Part B	Gross Tot	al Income										
B1	Income	from Business & Profession			308700							
	Note- E	nter value from E8 of Sch BP										
B2	(i)	Salary (excluding all allowances, perquisites and profit in lieu of salary)			0							
	(ii)	Allowances not exempt			0							
nois	(iii)	Value of perquisites			0							
Pens	(iv)	Profits in lieu of salary			0							
Salary / Pension	(v)	Deduction u/s 16	di		0							
Sa	(vi)	Income chargeable under the Head 'Salaries' (i+ii+iii+iv-v)	- Elli		0							
		(NOTE- Ensure to Fill 'Sch TDS1'given in Page 5)										
В3	Type of	House Property	m									
	(i)	Gross rent received/ receivable/ letable value	-(//)-		0							
-	(ii)	Tax paid to local authorities	SH	A	0							
use Property	(iii)	Annual Value (i-ii)	(1)	ΛA	0							
use F	(iv)	30% of Annual Value		X.	0							
훈	(v)	Interest payable on borrowed capital	Silver.		0							
	(vi)	Income chargeable under the head 'House Property' (iii-iv-v)	71111		0							
B4		from Other Sources			0							
		Ensure to Fill 'Sch TDS2' given in Page 5			_							
B5		Fotal Income (B1 + B2 + B3 + B4)			308700							
		ons and Taxable Total Income (Refer to instructions for limits on Amount of	Deductions as i	ner 'Income Tax								
S.No.		Section		ount	System Calculated							
C1.	80C I	ife insurance premia, deferred annuity, contributions to provident fund,	Alli	0	0							
CI.		otion to certain equity shares or debentures, etc.		o	0							
C2.				0	0							
		- Payment in respect Pension Fund		0								
C3.		(1) - Contribution to pension scheme of Central Government		0	0							
C4.		(1B) - Contribution to pension scheme of Central Government by employee		0	0							
C5.		(2) - Contribution to pension scheme of Central Government by employer		0	0							
C6.		- Investment made under an equity savings scheme		0	0							
C7.	80D - H	Tealth Insurance Premium										

(A)	Health Insurance Premium -	0	0						
(B)) Medical expenditure -	0							
(C)	Preventive health check-up -	0							
C8. 80I	DD - Maintenance including medical treatment of a dependent who is a person with	0	0						
disa	ability -								
C9. 80I	DDB - Medical treatment of specified disease -	0	0						
C10. 80E	E - Interest on loan taken for higher education	0	0						
C11. 80E	EE - Interest on loan taken for residential house property	0	0						
C12. 800	G - Donations to certain funds, charitable institutions, etc	0	0						
C13. 800	GG - Rent paid	0	0						
C14. 800	GGC - Donation to Political party	0	0						
C15. 800	QQB - Royalty income of authors of certain books.	0	0						
C16. 80F	RRB - Royalty on patents	0	0						
C17. 807	TTA - Income from Interest on saving bank Accounts	0	0						
C18. 80U	U - In case of a person with disability	0	0						
C19. Tot	tal deductions (Add items C1 to C18)	0	0						
C20. Tax	xable Total Income (B5 - C19)	M	308700						
PART D TA	X COMPUTATIONS AND TAX STATUS	<i>}</i> ,/,							
D1. Tax	x payable on total income(C20)	144	2935						
D2. Reb	bate u/s 87A	The . A	2500						
D3. Tax	x payable after Rebate (D1-D2)		435						
D4. Sur	rcharge, if applicable		0						
D5. Ces	ss on (D3+D4)	STIME !	13						
D6. Tot	tal Tax, Surcharge and Cess (D3+D4+D5)		448						
D7. Rel	lief u/s 89								
D8. Bal	lance Tax after Relief (D6-D7)		448						
D9. Tot	tal Interest u/s 234A		0						
D10. Tot	tal Interest u/s 234B		0						
D11. Tot	tal Interest u/s 234C		0						
D12. Fee	es u/s 234F		0						
D13. Tot	tal Tax, Fee and Interest (D8+D9+D10+D11+D12)		448						
Nature of bu	isiness or profession, if more than one business indicate the three main activities/	products							
S.No.	Nature of Business Tradename	Tradename	Tradename						
1	21008 - Other services n.e.c. GARMENT BUSINESS								
Instructions for correct calculation of Profits and gains of Business of plying, hiring or leasing goods carriages u/s 44AE									
Goods Carri	iage								

S No	о.	Period of holding (in months)	Income per Vehicle (Must	Deemed Income					
		be >= 7500 p.m. per vehicle)							
Total									
SCHED	ULE BP	- DETAILS OF INCOME FROM BUSINES	S OR PROFESSION						
	СОМР	UTATION OF PRESUMPTIVE INCOME UNI	DER 44AD						
E1.	Gross T	Curnover or Gross Receipts							
	E1a.	Through a/c payee cheque or a/c payee bank	draft or bank electronic clearing system received	862664					
		before specified date							
	E1b.	Any other mode	129168						
E2.	Presum	ptive income under section 44AD							
	a.	6% of E1a	268497						
	b.	8% of E1b		40203					
	c.	Total (a + b)		308700					
	Note : I	f Income is less than the above percentage of Gr	coss Receipts, it is mandatory to have a tax audit un	nder 44AB and regular ITR 3 or 5 has to be filled					
	not this	form							
	Compu	tation of Presumptive Income Under 44ADA (P.	rofession)						
E3.	Gross R	Receipts							
E4.	Presum	ptive Income under section 44ADA (50% of E3)						
	NOTE-	-If Income is less than 50% of Gross Receipts,	it is mandatory to have a tax audit under 44AB &						
	regular	ITR 3 or 5 has to be filled not this form	DX 55 M	A					
	СОМР	UTATION OF PRESUMPTIVE INCOME UNI	DER 44AE	\/L_					
E5.	Presum	ptive Income from Goods Carriage under section	n 44AE						
	NOTE-	—If the profits are lower than prescribed under S	5.44AE or the number of Vehicles owned at any	///					
	time ex	ceed 10 then the regular ITR 3/5 form has to be	filled and not this form						
E6.	Salary a	and interest paid to the partners							
	NOTE:	This is to be filled up only by firms							
E7.	Presum	ptive Income u/s 44AE (E5-E6)							
E8.	Income	chargeable under Business or Profession (under	r section 44AD, 44ADA and 44AE) (E2c+ E4+	308700					
	E7)								
	INFOR	MATION REGARDING TURNOVER/GROSS	RECEIPT REPORTED FOR GST						
E9.	GSTR 1	No.							
E10.	Amoun	t of turnover/Gross receipt as per the GST return	n filed						
	FINAN	CIAL PARTICULARS OF THE BUSINESS		,					
	Note : I	For E11 to E25 furnish the information as on 31s	st day of March,2018						
E11.	Partners	s/Members own capital							
E12.	Secured	l loans							
E13.	Unsecu	red loans							

S.No.

ckno	owledge	ment Nur	nber : 623	388969024	10518						Assessn	nent Year	: 2018-19	
E14.	Advan	ces												
E15.	Sundry	creditors											18654	
E16.	Other	liabilities												
E17.	Total o	capital and li	abilities (E1	1+E12+E13-	-E14+E15+E	16)				18654				
E18.	Fixed	assets												
E19.	9. Inventories 678													
E20.	Sundry	debtors					60800							
E21.	Balanc	e with bank	s											
E22.	Cash-i	n-hand											41470	
E23.	Loans	and advance	es											
E24.	Other	Assets												
E25.	Total a	assets (E18+	E19+E20+E	21+E22+E23	3+E24)								170140	
Note:	Please refe	er to instruct	ions for fillir	g out this sc	hedule (E15,	E19, E20, E	22 are man	datory and oth	ners if availa	ble)				
SCHE	DULE TI	DS1 DETAI	LS OF TAX	K DEDUCTI	ED AT SOU	RCE FROM	1 SALARY	[As per For	m 16 issued	by Employ	er(s)]			
S.No.		TA	N		Name of th	ne Employe		Income	under Sala	ry	Т	ax Deducte	d	
		Col	(1)		Co	ol (2)			Col (3)			Col (4)		
	ТОТА	L		- (W				M					
Sch T	DS2(i) - D	etails of Ta	x Deducted	at Source fr	om Income	OTHER TH	IAN SALA	RY [As per I	Form 16 A i	ssued by De	ductor(s)]			
No.	Tax	Name	Unique	Year	Details of	220	Tax D	educted	XII	TDS	credit out	of (6) or (7)	being	
E	eduction	of the	TDs	of Tax	Receipt as	25)		L. 18		clain	ned this Yea	ır- (as appli	cable)	
	Account	Deductor	certificate	Deduction	mentioned	in own	in the h	ands of spou	se as per	in own	in the ha	ands of spot	ise as per	
]	Number	(Col (2))	number	(Col (4))	in Form	hands	section 5	A or any oth	er person	hands	section 5.	A or any otl	her person	
	(TAN)		(Col (3))		26AS	[Col (6)]	as per	rule 37BA(2)	Col (7)	[Col (8)]	as per 1	rule 37BA(2	2) Col (9)	
	of the				(Col (5))	TAX	Income	TDS	PAN of		Income	TDS	PAN of	
I	Deductor								spouse/				spouse/	
	(Col (1))								other				other	
									person				person	
1 1	MUMK1	KHODA		2017	862664	8628				8628				
	7494B	L KID S												
		STU DIO												
\top					TOTAL			,		8628			,	
Sch T	DS2(ii) - I	Details of Ta	x Deducted	at Source [As per Form	26QC furn	ished by D	eductor(s)]		1	I.			

	TOTAL
Sch	TDS2(ii) - Details of Tax Deducted at Source [As per Form 26QC furnished by Deductor(s)]

Sl.No	PAN of	Name of	Unique	Year of tax	Details of	Tax Deducted		TDS	credit out of (6) or (7) being
	the Tenant	the Tenant	TDs	deduction	Receipt as				ned this Year- (as applicable)
	[Col (1)]	[Col (2)]	certificate	[Col (4)]	mentioned	in own	in the hands of spouse as per	in own	in the hands of spouse as per
			number		in Form	hands	hands section 5A or any other person		section 5A or any other person
			(Col (3))			[Col (6)] as per rule 37BA(2) Col (7)		[Col (8)]	as per rule 37BA(2) Col (9)

							26AS [Col (5	01		Income	TDS	PAN of spouse/ other person		Ir	ncome	TDS	PAN of spouse/ other person
Sche	dule T	CS D	etails of T	ax Collec	ted at So	urce [A	As per Fo	orm 27D i	ssued	by the Col	lector(s)]			·			
S.No			ax Collection Account Name of name of the Collector			paid as mentioned in Form 26AS		ioned	Tax Collected		Amount out of (4) being claimed		ed	Amount out of (4) being claimed in the hands of spouse, if section 5A is applicabl			
			Col (1)		C	ol (2)		C	ol (3)		Col (4	4)	(Col (5)		Col	(6)
	TO	OTAI								· · · · · · · · · · · · · · · · · · ·							
Sch	IT - De	tails	of Advanc	e Tax and	l Self Ass	sessme	nt Tax P	ayments				1			'		
S.No	D.		BSR	Code		Dat	e of Dep	osit(DD/M	IM/Y	YYY)	C	hallan No.				Tax paid	
			Col	l (1)				Col (2)	á i		11/4	Col (3)				Col (4)	
	TO	OTAI	_				M		Yes a			W					
Sche	dule Al	L Ass	set and Lia	ability at	the end o	f the y	ear (App	olicable in	case	where total	income exc	eeds Rs. 5	0 lakh)				
A	Do yo	ou ow	n any imm	novable as	set ?					1		_#					
	Detai	ls of	immovabl	le asset			W		100	रमेश समते. -		Щ					
	S No.		Descri	F	ddress lat/ Door lock No.	Pr	ame of emises / ilding /	Road/ Street/l	Post	Area/ Locality	Town/ (Country	I	Pin code	Amount (cost) in Rs.
						Vil	llage	5 1/	Q,	(1)=	HAVE						
В			movable a														
	Sl No) .	Descripti									Amo	ount (cos	t) in Rs.			
	(i)			, bullion e													
	(ii)							ng, sculptu	ire or a	any work of	art						
	(iii)			yachts, bo	oats and a	ircrafts											
Financial asset Amount (cost) in Rs.																	
	(iv)	-		Bank (including all deposits)													
		-	(b)	Shares an		es											
		-		Insurance		na e-i											
		-		Loans and		es give											
С	Do vi	nı ba	(e)	Cash in h		ate of a	firm ar -	ecociatio-	of se	reone (AOD) ac a mantu -	r or mamb	ur tharas f	. 9			
	-) as a partner		a utereor				
1	inter	cst III	ou in the a	assets Of A	mm or	ผรรบบไล้	amon or I	oci sulis (A	OF	as a parme	or membe	1 11161 601					

	S No.	Name of			Add	ress of the f	irm(s)/ AOl	P(s) (2)			PAN o	of Assessees's
		the firm(s)/	Flat/	Name of	Road/	Area/	Town/	State	Country	Pin code	the fir	m/ investmen
		AOP(s) (1)	Door/	Premises /	Street/Post	Locality	City/				AOP (3) in the
			Block No.	Building /	office		District					firm/ AO
				Village								on cost
												basis (4)
D L	Liability in	relation to A	ssets at (A+)	B+C)								
Note: Pl	Please refe	r to instruction	ons for filling	out this sche	edule							
80G								,				
Instruct	tions for c	correct calcula	ation of 80G								3.11	
A. Dona	ations enti	itled for 100%	deduction	without quali	fying limit, (where any i	ow is filled	by the user, a	ll the fields in	that row sho	ould beco	me mandatory
S No	o. N	lame of the D	onee	Address	City or T	Town Sta	te Code	Pincode	PAN of	Amou	nt of	Eligible Amou
					or Dist	rict			the Done	dona	tion	of Donation
Total A	<u> </u>				150	3	430					
B. Dona	ations enti	itled for 50%	deduction w	ithout qualify	ying limit (w	here any ro	w is filled b	y the user, all	the fields in th	at row shoul	ld becom	e mandatory)
S No	o. N	lame of the D	onee	Address	City or T	Town Sta	ite Code	Pincode	PAN of	Amou	nt of	Eligible Amou
				- ///	or Dist	rict		1/3	the Done	onee donation		of Donation
				17.77		APRIL 6	8635	111			ĺ	
Total B	3			- KA			12.	- AJ				
		itled for 100%	deduction :	subject to qua	alifying limit	(where any	row is fille	d by the user,	all the fields i	n that row sh	nould bec	come
C. Dona	ations enti	itled for 100%	6 deduction	subject to qua	alifying limit	(where any	row is fille	d by the user,	all the fields i	n that row sh	nould bec	come
C. Dona	ations enti	itled for 100%		subject to qua	City or T	September 1	row is fille	d by the user,	all the fields i	n that row sh		
C. Dona	ations enti			J.	8	Town Sta	ena Se esta	rs		Amou	nt of	
C. Dona	ations entitory)			J.	City or T	Town Sta	ena Se esta	rs	PAN of	Amou	nt of	Eligible Amour
C. Dona mandate S No Total C	ations entitory)	lame of the D	onee	Address	City or T	Fown Sta	ite Code	Pincode	PAN of the Dones	Amou	nt of	Eligible Amour
C. Dona mandate S No	ations entitions (a)	lame of the D	deduction su	Address	City or T	Town Sta	ite Code	Pincode	PAN of the Dones	Amou	nt of tion	Eligible Amount of Donation ome mandatory
C. Dona mandate S No Total C D. Dona	ations entitions (a)	lame of the D	deduction su	Address	City or To Dist	Town Sta	nte Code	Pincode	PAN of the Done	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation ome mandatory
C. Dona mandate S No Total C D. Dona	ations entitions (a)	lame of the D	deduction su	Address	City or Tor Dist	Town Sta	nte Code	Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation of Donation on the mandatory Eligible Amount
C. Dona mandate S No Total C D. Dona S No	ations entitions (a)	lame of the D	deduction su	Address	City or Tor Dist	Town Sta	nte Code	Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation on the mandatory Eligible Amount
C. Dona mandate S No Total C D. Dona S No	ations entitions (A +	lame of the D	deduction su	Address	City or Tor Dist	Town Sta	nte Code	Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation of Donation on the mandatory Eligible Amount
S No Fotal C D. Dona S No Fotal D Fotal D Faxes P	ations entitions (A +	lame of the D	deduction st	Address	City or Tor Dist	Town Sta	nte Code	Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation one mandatory Eligible Amount of Donation
C. Dona mandato S No Fotal C D. Dona S No Fotal D E. Dona Faxes P D14.	ations entitions (A + Paid	Name of the D itled for 50% Name of the D	deduction so	Address	City or Tor Dist	Town Sta	nte Code	Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation of Donation of Donation
C. Dona mandato S No Fotal C D. Dona S No Fotal D E. Donat Faxes P D14. D15.	ations entitions (A + Paid Total Act	lame of the D lame of the D lame of the D lame of the D	deduction so	Address ubject to qual Address	City or Tor Dist	Town Sta	row is filled	Pincode by the user, a Pincode	PAN of the Dones	Amou dona that row sho	nt of tion ould becont of	Eligible Amount of Donation of Donation of Donation
C. Dona mandato S No Fotal C D. Dona S No Fotal D E. Donat Faxes P D14. D15. D16.	ations entitory) (o. No. No. No. No. No. No. No. No. No. N	lame of the D littled for 50% lame of the D littled Factorial Control of the D littled for 50% lame of the D littled for 50%	deduction so onee	Address ubject to qual Address	City or Tor Dist	Town Sta	row is filled	Pincode by the user, a Pincode	PAN of the Dones	Amou dona that row sho	nt of tion puld becont of	Eligible Amount of Donation The mandatory Eligible Amount of Donation ()
Fotal C D. Dona S No Fotal D E. Donat Faxes P D14. D15. D16. D17.	ations entitory) (o. No. No. No. No. No. No. No. No. No. N	lame of the D itled for 50% lame of the D dvance Tax Pa elf-Assessment OS Claimed (to	deduction so onee id t Tax Paid otal of colum total of colum	Address ubject to qual Address n 4 of Schedu nn (5) of Sche	City or Tor Dist	Town Sta	row is filled	Pincode by the user, a Pincode	PAN of the Dones	Amou dona that row sho	nt of tion puld becont of	Eligible Amou
Fotal C D. Dona S No Fotal D E. Dona Faxes P D14. D15. D16. D17. D18.	ations entitory) (o. No. No. No. No. No. No. No. No. No. N	itled for 50% Hame of the D dvance Tax Pa elf-Assessment DS Claimed (to	deduction so onee	Address ubject to qual Address n 4 of Schedu nn (5) of Sche	City or Tor Dist	Town Sta	row is filled	Pincode by the user, a Pincode	PAN of the Dones	Amou dona that row sho	nt of tion puld becont of	Eligible Amount of Donation The mandatory Eligible Amount of Donation () () () () () () () () () (
C. Dona mandate S No Fotal C D. Dona S No Fotal D	ations entitory) [o. No. No. No. No. No. No. No. No. No. N	lame of the D littled for 50% lame o	deduction so onee	Address Lubject to qual Address In 4 of Schedu Inn (5) of Sche LD17) 3 > D18)	City or Tor Dist	Town Sta	row is filled	Pincode by the user, a Pincode	PAN of the Dones	Amou dona that row sho	nt of tion puld becont of	Eligible Amount of Donation on the mandatory Eligible Amount

Acknowledgement Number: 623889690240518

	(If ag	ricultura	l income is more than Rs.5,00	0/-, use ITR 3/5))							
	Agric	ulture In	come									
	Others											
	S1.	No.	Nature of Incor	Any Other' is selected)		Amount						
	Total											
D22.	Detai	ls of all I	Bank Accounts held in India a	any time during	g the previous year (e	xcluding dormant	Yes					
	accou	ints) (In o	case of non-residents, details of	of any one foreig	n Bank Account may	be furnished for the						
	purpo	se of cre	dit of refund)									
		a) Banl	k Account in which refund, i	f any, shall be o	credited							
S.No.			IFS Code of the bank		Name of t	he Bank		Account Number				
1 CNRB0000109			CNRB0000109		Canara Bank			0109101053032				
		b) Oth	er Bank account details									
S.No	0.		IFS Code of the bank		Name of the Bank			Account Number				
		c) In ca	se of non-residents, details o	of any one forei	gn Bank Account ma	ay be furnished for the	e purpose of cr	redit of refund				
S.No	0.		SWIFT Code	Name o	f the Bank	Country of Loc	cation	IBAN				
				K/	VERIFICATION	188						
the ret	urn is co	orrect an	1	ce with the prov	isions of the Income-	tax Act, 1961. I further	declare that I a	d belief, the information given in am making returns in my capacity				
			Place	17.7	Date		\/	Sign here				
MUMB	AI	7		24/05/2018			1772					
If the ret	turn has	been pro	epared by a Tax Return Prepar	rer (TRP) give fu	urther details as below	i arnic						
	TI	RP PIN ((10 Digit)		AX DE	AN						
		Name o	f TRP									
	Amou	ınt to be	paid to TRP									