**IT RETURN FILING CHECKLIST**

**Please fill in CAPITAL LETTERS only**

**(\*)Mandatory fields to be filled**

**ITR Filing Type\* X Original Revised**

***A) PERSONAL DETAILS***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2 | 0 | 1 | 4 | **-** | 1 | 5 |

Gender\* Male Female Assessment Year

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname\* | M | A | H | A | J | A | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*(As per PAN)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name\* | V | I | N | A | Y |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(As per PAN)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Middle Name | N | A | R | A | Y | A | N |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(As per PAN)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Father Name\* | N | A | R | A | Y | A | N |  | M | A | H | A | J | A | N |  |  |  |  |  |  |  |  |  |  |

(As per PAN)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth\* | **3** | 0 | 0 | 8 | 1 | 9 | 7 | 8 |

Residential Status\* **X** Resident Non Resident

**ITR Filing Mode\* X Online Offline**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PAN\* | A | J | U | P | M | 3 | 8 | 5 | 2 | H |

Aadhar No.(If you have) 6 4 7 3 0 5 4 6 7 7 3 8

**ADDRESS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Door No\* | C | - | 3 | 0 | 5 |  | L | O | K | E | V | E | R | E | S | T |  |  |  |  |  |  |  |  |  |
| Premises Name | O | L | D |  | C | E | M | E | N | T |  | C | O | M | P | A | N | Y |  |  |  |  |  |  |  |
| Street | J | A | T | A |  | S | H | A | N | K | A | R |  | D | O | S | A |  | R | O | A | D |  |  |  |
| Area / Locality\* | O | L | D |  | C | E | M | E | N | T |  | C | O | M | P | A | N | Y |  |  |  |  |  |  |  |
| City / Town\* | M | U | L | U | N | D | - | W | E | S | T |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| State\* | M | A | H | A | R | A | S | H | T | R | A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PIN\* | 4 | 0 | 0 | 0 | 8 | 0 |  | | | | | | | | | | | | | | | | | | |

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| Email\* |  | V | I | N | A | Y | . | M | A | H | A | J | A | N | @ | N | O | V | A | R | T | I | S | . | C |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | O | M |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alternate Email | M | A | H | A | J | V | I | @ | Y | A | H | O | O | . | C | O | . | I | N |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mobile No.\*** | 9 | 9 | 6 | 6 | 9 | 9 | 9 | 5 | 2 | 3 |  |

***B) BANK DETAILS:* (MANDATORY )**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- | --- |
| Sl.No. | IFS Code\* | Name of Bank\* | Account No.( minimum 9 digits)\* | Savings/Curren |  |
| 1 | ICIC0000004 | ICICI BANK LTD | 000401043279 | Savings | *Refund if any will be credited to this account* |
| Sl.No. | IFS Code\* | Name of Bank\* | Account No.( minimum 9 digits)\* | Savings/Curren | Total savings and current bank accounts held by you at any time during the previous year (excluding dormant accounts). Provide the details Beside. |
| 1 | ICIC0000004 | ICICI BANK LTD | 000401043279 | Savings |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| ***C) INCOME DETAILS:*** |  | | | | |
| **i) Salary Income X** | *Yes* |  | No | *If yes, No.of Form 16’s* | *(Please attach the Copy of Form 16 along with Checklist)* |
| **ii) House Property** | *Yes* |  | No | *If yes fill the following* |  |

a) **Number of House Properties**

b) (In Rupees)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***House Property Address (SELF OCCUPIED)*** | | | | | | | | | |  | ***Housing Loan Details*** | | |  | | | | | |
| L | 6 | / | 2 | 0 | 1 |  | L | O | K |  | Interest on Loan | 5 | 1 | 1 | 9 | 7 | 4 | / | - |
| K | E | D | A | R |  | J | . | D | . |  | Date of Occupation | 0 | 3 | D | E | C | 2 | 0 | 12 |
| R | O | A | D |  | M | U | L | U | N | D | Pre EMI (If any) |  |  |  |  |  |  |  |  |
| M | U | M | B | A | I |  | 8 | 0 |  |  |  | | | | | | | | |

C) (In Rupees)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***House Property Address (LET OUT)/ VACANT*** |  | ***Rental Income Details*** | | |  | | | | | |
|  | | Rental Income/Letable value  Per Annum |  |  |  |  |  |  |  |  |
| Municipal Taxes **Paid** |  |  |  |  |  |  |  |  |
| Interest on Loan |  |  |  |  |  |  |  |  |
| Date of Occupation | D | D | M | M | Y | Y | Y | Y |
| Pre EMI (If any) |  |  |  |  |  |  |  |  |

*Please enclose* ***TDS Certificate*** *(Form 16A) issued by Tenant (if any)*

**Note**: You can also contact us for – Refund followup, Online Rectification, Revised Returns, Replies to Income Tax Notices, Representation for Scrutinies or Other Assessments with

Department, Tax Planning, New PAN/Corrections in PAN.This service will attract a separate fee.

**iii) Other Income** *Yes* No *If yes fill the following* (In Rupees)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interest Income | 5 | 6 | 1 | 7 | 6 |  |  |  | Clubbing Income |  |  |  |  |  |  |  |  |
| Family Pension |  |  |  |  |  |  |  |  | Lotteries & Others |  |  |  |  |  |  |  |  |
| Other Incomes |  |  |  |  |  |  |  |  | Gifts (**>**Rs.50,000) |  |  |  |  |  |  |  |  |

**Note:-** *Please enclose* ***TDS Certificate*** *(Form 16A) received from Bank / Institutions / Others*

**iv) Exempted Income** *Yes* No *If yes fill the following* ***(Only for Reporting Purpose)***

(In Rupees)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dividend Received |  |  |  |  |  |  |  |  | PPF Interest |  |  |  |  |  |  |  |  |
| Retirement Benefits  (PF, Gratuity etc.,) |  |  |  |  |  |  |  |  | Matured Insurance  Policy Amount |  |  |  |  |  |  |  |  |
| Gains from Stock Market  Trnx (**Long Term Only**) |  |  |  |  |  |  |  |  | Agricultural Income  (Rs. 5000/- or  Below) |  |  |  |  |  |  |  |  |

***D) DEDUCTION DETAILS: (*** *Please fill the details* ***ONLY IF NOT*** *considered in “ Form 16”* ***)***

(In Rupees)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Tax Savings, Donations, Medical etc.,*** | | | | | | | | | | | |
| 1) |  |  |  |  |  |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |  |  |  |  |  |
| 3) |  |  |  |  |  |  |  |  |  |  |  |
| 4) |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***HRA, LTA, Medical Bills, etc.,*** | | |  |  |  |  |  |
| 1) |  |  |  |  |  |  |  |
| 2) |  |  |  |  |  |  |  |
| 3) |  |  |  |  |  |  |  |
| 4) |  |  |  |  |  |  |  |

**Note:-** *Please attach the relevant supporting for the above*

*(eg: Pay slips, Rent Receipts, Premium Receipts, Donation Receipts, Medical Certificates etc.,)*

***E) TAX & LOSSES DETAILS: (*** *Please fill the details* ***ONLY IF NOT*** *considered in “ Form 16” / “Form 16A"* ***)***

(In Rupees)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***LOSSES*** | | | | | | | | | |
| Current Year |  |  |  |  |  |  |  |  |  |
| Previous Year |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***TAXES*** | | | | | | | | |
| Advance Taxes Paid |  |  |  |  |  |  |  |  |
| Self Assessment Taxes | |  |  |  |  |  |  |  |

**Note:-** *Please attach the relevant supporting for the above*

*(eg: Tax Challans, Previous year Tax Returns etc.,)*

**List of Documents Enclosed** (Plz ?) No.of Documents Comments:

|  |  |
| --- | --- |
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| --- |
| PAN Photo Copy |
| Form 16's (Photo Copy) |
| Form 16A in the case of Any TDS |
| Housing Loan Certificate (Issued by the Banker) |
| Copy of Donation Payment Receipt |
| Tax Proofs not considered in Form16 |
| Tax Challans & Others |

1. The amount received by eTM is for the purpose of processing and filing of your Income Tax Returns only.

2. You can find your IT Return filing status by logging into [www.etaxmentor.com](http://www.etaxmentor.com/)

**3. Name as per PAN will be considered for filing. If name is not as per pan, return will not be filed.**

**4. If Data is not produced completely Return cannot be filed. All the data should be submitted only along with Checklist.**

Date: ………………………. **Client Signature**

(For Office Use Only)

|  |  |  |  |
| --- | --- | --- | --- |
| H | H | M | M |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Receipt Number |  |  |  |  |  |  |  | Date of Receipt | D | D | M | M | Y | Y | Y | Y |  |
|  | | | | | | | | Time of Receipt AM / PM  **CAS Signature** | | | | | | | | | |
| CAS Code |  |  |  |  |  |  |  |
|  | | | | | | | |