

FORM	ITR-4	INDIAN INCOME TAX RETURN (For individuals and HUFs having income from profits and gains of business or profession) (Please see rule 12 of the Income-tax Rules, 1962) (Please refer instructions)	Assessment Year					
			2	0	2	1	-	2

Part A-GEN

GENERAL

PERSONAL INFORMATION	First name Ashok		Middle name Kumar		Last name Chaudhary		PAN B Z A H M 6 3 8 5 P													
	Flat/Door/Block No. Receiver company address				Name Of Premises/Building/Village Chennai				Status (Tick) <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> HUF											
	Road/Street/Post Office : Rander				Date of Birth/Formation (DD/MM/YYYY) 05 / 10 / 1988															
	Area/locality : Jhampor				Aadhaar Number (12 digit)/ Aadhaar Enrolment Id (28 digit) (if eligible for Aadhaar) 8 9 6 2 1 5 4 7 8 0 2 3															
	Town/City/District : Chennai				State : Chennai		PIN code/ZIP code													
					Country : India		6 0 5 8 7 3													
	Residential/Office Phone Number with STD code/Mobile No. 1 0 2 6 1 - 2 7 6 1 4 5 5				Mobile No. 2 9 9 2 5 6 6 2 4 8 7															
	Email Address-1 (self) abc@gmail.com				Email Address-2 company.india@gmail.com															
	(a) Filed u/s (Tick)[Please see instruction]		<input checked="" type="checkbox"/> 139(1)- On or Before due date, <input type="checkbox"/> 139(4)- After due date, <input type="checkbox"/> 139(5)- Revised Return, <input type="checkbox"/> 92CD-Modified return, <input type="checkbox"/> 119(2)(b)- after condonation of delay																	
	Or Filed in response to notice u/s		<input type="checkbox"/> 139(9) <input type="checkbox"/> 142(1), <input type="checkbox"/> 148, <input type="checkbox"/> 153A, <input type="checkbox"/> 153C																	
(b) Are you opting for new tax regime u/s 115BAC ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
(bi) If yes, please furnish		Date of filing of form 10IE 02/02/2020				Acknowledgement number: 4412														
(c) Are you filing return of income under seventh proviso to Section 139(1) but otherwise not required to furnish return of income? – (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please furnish following information [Note: To be filled only if a person is not required to furnish a return of income under section 139(1) but filing return of income due to fulfilling one or more conditions mentioned in the seventh proviso to section 139(1)]																		
(ci) Have you deposited amount or aggregate of amounts exceeding Rs. 1 Crore in one or more current account during the previous year? (Yes/No)		Amount (Rs) (If Yes) No																		
(cii) Have you incurred expenditure of an amount or aggregate of amount exceeding Rs. 2 lakhs for travel to a foreign country for yourself or for any other person? (Yes/No)		Amount (Rs) (If Yes) No																		
(ciii) Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1 lakh on consumption of electricity during the previous year? (Yes/No)		Amount (Rs) (If Yes) No																		
(d) If revised/Defective/Modified, then enter Receipt No. 0 7 A A B B 8 8 8 8 G 1 A Z 1 and Date of filing original return (DD/MM/YYYY)		08/09/2019																		
(e) If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C or order u/s 119(2)(b), enter Unique Number/Document Identification Number and date of such notice/order, or if filed u/s 92CD enter date of advance pricing agreement		(unique number)		/ /																
(f) Residential Status in India (for individuals) (Tick applicable option)		A. Resident <input type="checkbox"/> You were in India for 182 days or more during the previous year [section 6(1)(a)] <input type="checkbox"/> You were in India for 60 days or more during the previous year, and have been in India for 365 days or more within the 4 preceding years [section (6)(1)(c)] [where Explanation 1 is not applicable] B. Resident but not Ordinarily Resident <input type="checkbox"/> You have been a non-resident in India in 9 out of 10 preceding years [section 6(6)(a)] <input type="checkbox"/> You have been in India for 729 days or less during the 7 preceding years [section 6(6)(a)] C. Non-resident <input type="checkbox"/> You were a non-resident during the previous year. (i) Please specify the jurisdiction(s) of residence during the previous year - <table border="1"> <tr> <th>S.No.</th> <th>Jurisdiction of residence</th> <th>Taxpayer Identification Number</th> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </table> (ii) In case you are a Citizen of India or a Person of Indian Origin (POI), please specify - <table border="1"> <tr> <th>Total period of stay in India during the previous year (in days)</th> <th>Total period of stay in India during the 4 preceding years (in days)</th> </tr> <tr> <td></td> <td></td> </tr> </table>						S.No.	Jurisdiction of residence	Taxpayer Identification Number	1			2			Total period of stay in India during the previous year (in days)	Total period of stay in India during the 4 preceding years (in days)		
S.No.	Jurisdiction of residence	Taxpayer Identification Number																		
1																				
2																				
Total period of stay in India during the previous year (in days)	Total period of stay in India during the 4 preceding years (in days)																			
Residential Status in India (for HUF) (Tick applicable option)		<input type="checkbox"/> Resident <input type="checkbox"/> Resident but not Ordinarily Resident <input type="checkbox"/> Non-resident																		
(g) Do you want to claim the benefit under section 115H? (applicable in case of resident)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																		
(h) Are you governed by Portuguese Civil Code as per section 5A? Tick <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "YES" please fill Schedule 5A)																				

(i)	Whether this return is being filed by a representative assessee? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, furnish following information -													
	(1) Name of the representative assessee													
	(2) Capacity of the Representative (drop down to be provided)													
	(3) Address of the representative assessee													
	(4) Permanent Account Number (PAN)/Aadhaar No. of the representative assessee													
(j)	Whether you were Director in a company at any time during the previous year? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information -													
	Name of Company			Type of Company	PAN			Whether its shares are listed or unlisted			Director Identification Number (DIN)			
	Virtual Company Ind			HUF	ABBCC9098G			Unlisted			0 7 A A B D 6 9			
(k)	Whether you are Partner in a firm? (Tick) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please furnish following information													
	Name of Firm							PAN						
(l)	Whether you have held unlisted equity shares at any time during the previous year? (Tick) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please furnish following information in respect of equity shares													
	Name of company	Type of Company	PAN	Opening balance		Shares acquired during the year					Shares transferred during the year		Closing balance	
				No. of shares	Cost of acquisition	No. of shares	Date of subscription / purchase	Face value per share	Issue price per share (in case of fresh issue)	Purchase price per share (in case of purchase from existing shareholder)	No. of shares	Sale consideration	No. of shares	Cost of acquisition
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
(m)	In case of non-resident, is there a permanent establishment (PE) in India? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
(n)	Whether assessee is located in an International Financial Services Centre and derives income solely in convertible foreign exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No													
(a1)	Are you liable to maintain accounts as per section 44AA? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
(a2)	Whether assessee is declaring income only under section 44AE/44B/44BB/44AD/44ADA/44BBA/44BBB <input type="checkbox"/> Yes <input type="checkbox"/> No													
a2i	If No, whether during the year Total sales/turnover/gross receipts of business exceeds Rs. 1 crore but does not exceed Rs. 10crores? <input type="checkbox"/> Yes <input type="checkbox"/> No													
a2ii	If Yes is selected at a2i, whether aggregate of all amounts received including amount received for sales, turnover or gross receipt s or on capital account like capital contributions, loans etc. during the previous year, in cash, does not exceed five per cent of said amount? <input type="checkbox"/> Yes <input type="checkbox"/> No													
a2iii	If Yes is selected at a2i, whether aggregate of all payments made including amount incurred for expenditure or on capital account such as asset acquisition, repayment of loans etc., in cash, during the previous year does not exceed five per cent of the said payment? <input type="checkbox"/> Yes <input type="checkbox"/> No													
(b)	Are you liable for audit under section 44AB? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
(c)	If (b) is Yes, whether the accounts have been audited by an accountant? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish the following information below													
	Date of furnishing of the audit report (DD/MM/YYYY)	05/04/2019												
	Name of the auditor signing the tax audit report : Ramnath Singh													
	Membership No. of the auditor : 126GAF14287													
	Name of the auditor (proprietorship/ firm) : Congruence LTD													
	Proprietorship/firm registration number : 12689GARE12													
	Permanent Account Number (PAN)/Aadhaar No. of the proprietorship/ firm													
	Date of report of the audit : 03/04*2019													
(di)	Are you liable for Audit u/s 92E? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
(dii)	If (di) is Yes, Whether the accounts has been audited u/s 92E?										Date of furnishing the audit report? DD/MM/YY			
(diii)	If liable to furnish other audit report, mention whether have you furnished such report. If yes, please provide the details as under: (Please see Instruction)													
	Sl. No.	Section Code	Date (DD/MM/YYYY)											
(e)	If liable to audit under any Act other than the Income-tax act, mention the Act, section and date of furnishing the audit report?													
	Act and section			(DD/MM/YY)			Act and section			(DD/MM/YY)				

[illegible]

Sl No	TDS credit relating to self /other person [spouse as per section 5A/other person as per rule 37BA(2)]	PAN/Aadhaar No. of Other Person (if TDS credit related to other person)	TAN of the Deductor/ PAN/ Aadhaar No. of Tenant/ Buyer	Unclaimed TDS brought forward (b/f)		TDS of the current Financial Year (TDS Deducted during the FY 2020-21)		TDS credit being claimed this Year (only if corresponding income is being offered for tax this year, not applicable if TDS is deducted u/s 194N)				Corresponding Receipt/withdrawals offered		TDS credit being carried forward	
				Fin. Year in which deducted	TDS b/f	Deducted in own hands	Deducted in the hands of spouse as per section 5A or any other person as per rule 37BA(2) (if applicable)		Claimed in own hands	Claimed in the hands of spouse as per section 5A or any other person as per rule 37BA(2) (if applicable)			Gross Amount	Head of Income	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)			(11)	(12)	(13)
							Income	TDS		Income	TDS	PAN/ Aadhaar No.			
i															

NOTE ► Please enter total of column 9 in 10b of Part B- TTI

D Details of Tax Collected at Source (TCS) [As per Form 27D issued by the Collector(s)]								
TDS ON OTHER INCOME	Sl. No.	Tax Deduction and Tax Collection Account Number of the Collector	Name of the Collector	Unclaimed TCS brought forward (b/f)		TCS of the current fin. Year	Amount out of (5) or (6) being claimed this Year (only if corresponding income is being offered for tax this year)	Amount out of (5) or (6) being carried forward
				Fin. Year in which collected	Amount b/f			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	i							
	ii							
NOTE ► Please enter total of column (7) in 10c of Part B-TTI								

VERIFICATION

I, solemnly declare that to the best of my knowledge and belief, the information given in the return and schedules thereto is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961.

I further declare that I am making returns in my capacity as and I am also competent to make this return and verify it. I am holding permanent account (if allotted) (*Please see instruction*). I further declare that the critical assumptions specified in the agreement have been satisfied and all the terms and conditions of the agreement have been complied with. (Applicable in a case where return is furnished under section 92CD)

Date : 11/05/2020