ITR 4 - INDIAN INCOME TAX RETURN

(FOR PRESUMPTIVE INCOME FROM BUSINESS & PROFESSION)

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

(Also see attached instructions)

	(Also see attach	ed instructions)				
Personal Information						
Name	SEEMA MAHESHBHAI JASANI					
Permanent Account Number	AYOPJ4150A	Income Tax Ward/Circle				
Date of Birth/Formation (DD/MM/	11/12/1988					
YYYY)						
Address						
Flat/Door/Building		C-2-503				
Name of Premises/ Building/ Village		INDRALOK RESIDENCY				
Road/Street	_	SUDAMA CHOWK				
Area/locality	130	CHORASI				
Town/City/District	W sign	SURAT				
State	M W	GUJARAT				
Country	M III	INDIA				
Pin code		394101				
Aadhaar Number (Please enter the Aad	lhaar Number which is linked with your	725802009035				
PAN in e-Filing portal. Applicable to I	ndividual only)	State A				
Status	1 1/2/13	Individual				
Mobile No.1		91 - 9909090215				
Std Code	COMP	DAGTME				
Landline Phone number (Residence/Of	fice)	DEPAIN				
Mobile No. 2						
Email Address		miteshvaghasiya979@gmail. com				
Filing Status						
Tax Status (Fill Only one)		Tax Refundable				
Residential Status		Resident				
Return filed under section		139(1)-On or before due date				
Whether Person governed by Portugues	se Civil Code under section 5A	No				
If A22 is applicable, PAN of the Spous	ee					
Filing Type		Original				
In case of Revised/Rectification						
Original Acknowledgement Number.						
Date of filing of Original Return(DD/N	MM/YYYY)					
If under Sec 139(9)- Defective return						

Assessment Year: 2018-19

				,								
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			274743							
	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							
ion	(iii)	Value of perquisites			0							
Pens	(iv)	Profits in lieu of salary			0							
Salary / Pension	(v)	Deduction u/s 16	da.		0							
Sa	(vi)	Income chargeable under the Head 'Salaries' (i+ii+iii+iv-v)	- Ell		0							
	(vi) Income chargeable under the Head 'Salaries' (i+ii+iii+iv-v) (NOTE- Ensure to Fill 'Sch TDS1'given in Page 5)											
В3												
	(i)	Gross rent received/ receivable/ letable value	-(//)-		0							
-}-	(ii)	Tax paid to local authorities	SH	A	0							
House Property	(iii)	Annual Value (i-ii)	<i>(1)</i>	Λ	0							
use F	(iv)	30% of Annual Value	4	X	0							
운	(v)	Interest payable on borrowed capital	- 11E		0							
	(vi)	Income chargeable under the head 'House Property' (iii-iv-v)			0							
B4		from Other Sources	1		927							
		Ensure to Fill 'Sch TDS2' given in Page 5			7-1							
B5		Fotal Income (B1 + B2 + B3 + B4)			275670							
		ons and Taxable Total Income (Refer to instructions for limits on Amount of	Deductions as a	ner 'Income Tax								
S.No.		Section		ount	System Calculated							
C1.	80C I	ife insurance premia, deferred annuity, contributions to provident fund,	Ain	0	0							
CI.		otion to certain equity shares or debentures, etc.		0	0							
				0	0							
C2.		- Payment in respect Pension Fund (1) Contribution to page of Control Concernment	0									
C3.		(1) - Contribution to pension scheme of Central Government	0									
C4.		(1B) -Contribution to pension scheme of Central Government		0	0							
C5.		(2) - Contribution to pension scheme of Central Government by employer										
C6.		- Investment made under an equity savings scheme		0	0							
C7.	80D - H	Iealth Insurance Premium										

Assessment Year: 2018-19

(A) Health Insurance Premium -		0
(B) Medical expenditure -		0
(C) Preventive health check-up -		0
C8. 80DD - Maintenance including medical treatment of a dependent who is a person with		0
disability -		
C9. 80DDB - Medical treatment of specified disease -		0
C10. 80E - Interest on loan taken for higher education		0
C11. 80EE - Interest on loan taken for residential house property		0
C12. 80G - Donations to certain funds, charitable institutions, etc		0
C13. 80GG - Rent paid		0
C14. 80GGC - Donation to Political party		0
C15. 80QQB - Royalty income of authors of certain books.		0
C16. 80RRB - Royalty on patents		0
C17. 80TTA - Income from Interest on saving bank Accounts	6	67
C18. 80U - In case of a person with disability	TH.	0
C19. Total deductions (Add items C1 to C18)	11/4	67
C20. Taxable Total Income (B5 - C19)	NA .	275600
PART D TAX COMPUTATIONS AND TAX STATUS	<i>}</i> }}	
D1. Tax payable on total income(C20)	846	1280
D2. Rebate u/s 87A	Mark	1280
D3. Tax payable after Rebate (D1-D2)		0
D4. Surcharge, if applicable	LIVIN	0
D5. Cess on (D3+D4)	DIME.	0
D6. Total Tax, Surcharge and Cess (D3+D4+D5)		0
D7. Relief u/s 89		0
D8. Balance Tax after Relief (D6-D7)		0
D9. Total Interest u/s 234A		0
D10. Total Interest u/s 234B		0
D11. Total Interest u/s 234C		0
D12. Fees u/s 234F		0
D13. Total Tax, Fee and Interest (D8+D9+D10+D11+D12)		0
Nature of business or profession, if more than one business indicate the three main activities/	products	
S.No. Nature of Business Tradename	Tradename	Tradename
1 04097 - Other manufacturing n.e.c.		
Instructions for correct calculation of Profits and gains of Business of plying, hiring or leasing	g goods carriages u/s 44AE	
Goods Carriage		

S No	0.	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	
	COMPU	TATION OF PRESUMPTIVE INCOME UNI	DER 44AD	
E1.	Gross Ti	urnover or Gross Receipts		
	E1a.	Through a/c payee cheque or a/c payee bank	draft or bank electronic clearing system received	1125644
		before specified date		
	E1b.	Any other mode		0
E2.	Presump	otive income under section 44AD		
	a.	6% of E1a		274743
	b.	8% of E1b		0
	c.	Total (a + b)		274743
	Note : If	Income is less than the above percentage of G	ross Receipts, it is mandatory to have a tax audit u	nder 44AB and regular ITR 3 or 5 has to be filled
	not this	form		
	Computa	ation of Presumptive Income Under 44ADA (P	rofession)	
E3.	Gross R	eceipts		0
E4.	Presump	otive Income under section 44ADA (50% of E3)	0
	NOTE-	-If Income is less than 50% of Gross Receipts,	it is mandatory to have a tax audit under 44AB &	
	regular I	TR 3 or 5 has to be filled not this form	DX 55 /	A
	COMPL	TATION OF PRESUMPTIVE INCOME UNI	DER 44AE	\/L_
E5.	Presump	otive Income from Goods Carriage under section	n 44AE	0
	NOTE-	-If the profits are lower than prescribed under S	S.44AE or the number of Vehicles owned at any	
	time exc	eed 10 then the regular ITR 3/5 form has to be	filled and not this form	
E6.	Salary a	nd interest paid to the partners		
	NOTE:1	This is to be filled up only by firms		
E7.	Presump	otive Income u/s 44AE (E5-E6)		0
E8.	Income	chargeable under Business or Profession (under	r section 44AD, 44ADA and 44AE) (E2c+ E4+	274743
	E7)			
E9.	INFORM	MATION REGARDING TURNOVER/GROSS	S RECEIPT REPORTED FOR GST	ı
	S.No	GSTIN		Amount of turnover/Gross receipt for the year
				corresponding to the GSTIN
	1	24AYOPJ4150AIZU		1125644
E10.	Amount	of total turnover/Gross receipt as per the GST	return filed	1125644
	FINANO	CIAL PARTICULARS OF THE BUSINESS		J
	Note : F	or E11 to E25 furnish the information as on 31:	st day of March,2018	
E11.	Partners	/Members own capital		

 $Total\ capital\ and\ liabilities\ (E11+E12+E13+E14+E15+E16)$

Total assets (E18+E19+E20+E21+E22+E23+E24)

E12.

E13.

E14.

E15.

E16.

E17.

E18.

E19.

E20.

E21.

E22.

E23.

E24.

E25.

Secured loans

Advances

Unsecured loans

Sundry creditors

Other liabilities

Fixed assets

Inventories

Sundry debtors

Cash-in-hand

Other Assets

Balance with banks

Loans and advances

493542 493542 0 709996	
	493542
	493542
	0
	709996
	114799
	824795

Note: Please refer to instructions for filling out this schedule (E15, E19, E20, E22 are mandatory and others if available)

SCHEDULE TDS1 DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [As per Form 16 issued by Employer(s)]

S.No.	TAN	Name of the Employer	Income under Salary	Tax Deducted
	Col (1)	Col (2)	Col (3)	Col (4)
	TOTAL	स्थानेश वसाते	XII	

Sch TDS2(i) - Details of Tax Deducted at Source from Income OTHER THAN SALARY [As per Form 16 A issued by Deductor(s)]

S.No	. TDS	Tax	Name	Unique	Year	Details of	Tax Deducted				TDS	eredit out o	of (6) or (7) being
	Credit	Deduction	of the	TDs	of Tax	Receipt as		25		T_{B}	claime	ned this Year- (as applicable)		
	in the	Account	Deductor	certificate	Deduction	mentioned	in own	in the hands of spouse			in own	in the hands of spouse as per		
	name of	Number	(Col (2))	number	(Col (4))	in Form	hands	as per section 5A or			hands	section 5A or any other perso		her person
		(TAN)		(Col (3))		26AS	[Col (6)]	any other person as per			[Col (8)]	as per rule 37BA(2) Col (9)		2) Col (9)
		of the				(Col (5))		rule 37BA(2) Col (7)						
		Deductor						Income	TDS	PAN of		Income	TDS	PAN of
		(Col (1))								spouse/				spouse/
										other				other
										person				person
1	Self	SRTD0	DRESS		2017	860683	8610				8610			
		5523A	GALL ERY											
		TOTAL												,

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

Sl.No.	TDS	PAN of	Name of	Unique	Year of tax	Details of	Tax Deducted	TDS credit out of (6) or (7) being
	Credit	the Tenant	the Tenant	TDs	deduction	Receipt as		claimed this Year- (as applicable)
		[Col (1)]	[Col (2)]	certificate	[Col (4)]	mentioned		

	in the			TOTA	[Col	AS (1(5)]	in own hands [Col (6)]	as p	e hands of er section a ther person 37BA(2) C	5A or n as per	in own hands [Col (8)]	as po	er section	on as per
Sche	dule TCS I	Details of Ta	x Collected at S	Source [As per	Form 27D	issued l	by the Coll	ector(s)]						
S.Ne		ollection Ac		of Collector	paid as	s of amo s mentio orm 26	oned	Tax Col	llected		nnt out of	bei ha	nds of s	ut of (4) ed in the pouse, if applicable
	Col (1)			Col (2)	C	Col (3) Col (4)			(4)	С	ol (5)	Col (6)		
	ТОТА			///					11/1					
Sch 1	IT - Details	of Advance	Tax and Self A	- (/Yi		M			1/4		<u> </u>			
S.No	р.	BSR	Code	Date of D	Deposit(DD/N	MM/YY	(YY)	(Challan No).		Ta	x paid	
		Col	(1)	111	Col (2) Col							С	ol (4)	
	TOTA			- //	1/ 3	3		<u> S</u> 5	<u> </u>	4	A			
Sche			bility at the end	of the year (A	Applicable ir	ı case v	vhere total	income ex	ceeds Rs.	50 lakh)	4	-7		
A		\rightarrow		4/	1000	4		25	- 45	W)				
		immovable		10	VAT	X L	-	MAR	4 Mil	*				
	S No.	Descript	ion Address			AX	Uti	100						Amount
			Flat/ Door/ Block No.	Premises /	Road/ Street/Post office	Area/ Local		7/	State	Country	Pin co	de Zip	code	(cost) in
В	Details of	movable as	sset						,					
	Sl No.	Description	on						An	nount (cost)	in Rs.			
	(i)	Jewellery,	bullion etc.											
	(ii)	Archaeolo	gical collections,	, drawings, pai	nting, sculpt	ure or a	ny work of	art						
	(iii)	Vehicles,	yachts, boats and	aircrafts										
	Financial	asset							An	nount (cost)	in Rs.			
	(iv)	(a)	Bank (including	all deposits)										
		(b)	Shares and secur	ities										
		(c)	Insurance policie	es										

														
		(d)	Loans and ad	ins and advances given										
		(e)	Cash in hand											
С	Do you ha	ive any Int	terest held in th	e assets of a f	firm or a	association of pe	rsons (AOP)	as a partne	r or member	thereof?				
	Interest h	eld in the	assets of a fir	m or associat	tion of p	persons (AOP) a	as a partner	or membe	r thereof					
	S No.	Name o	of			Address of	the firm(s)/	AOP(s) (2)			PAN of	Assessees's	
		the firm((s)/ Flat/	Name of	Road/	Area/	Town/	State	Country	Pin code	Zip code	the firm/	investment	
		AOP(s)	(1) Door/	Premises /	Street	/ Locality	City/					AOP (3)	in the	
			Block No.	Building /	Post		District						firm/ AOP	
				Village	office								on cost	
													basis (4)	
D Liability in relation to Assets at (A+B+C)														
Note	: Please ref	er to insti	ructions for fil	ling out this	schedul	e								
80G														
Instr	uctions for	correct c	alculation of 8	0G		199	- 8	380						
A. D	onations en	titled for	100% deducti	on without q	ualifyir	ng limit, (where	any row is f	illed by the	e user, all tl	ne fields in th	at row shou	ld become	nandatory)	
s	No.	Name of t	the Donee	Address	W	City or Town	State Cod	e Pir	ncode	PAN of	Amoun	t of Elig	ible Amount	
				1	(/	or District			177	the Donee	donatio	on of	Donation	
Tota	l A			I I	Į.	43		·	Ж					
B. De	onations en	titled for	50% deduction	n without qu	alifying	g limit (where a	ny row is fill	ed by the ı	ıser, all the	fields in that	row should	become ma	andatory)	
s	No.	Name of t	the Donee	Address	117	City or Town	State Cod	e Pir	ncode	PAN of	Amoun	t of Elig	ible Amount	
					d	or District	मूलो "	1	2	the Donee	donatio	on of	Donation	
Tota	l B	1	-4)	1/1/		1774		3		In				
C. D	onations en	titled for	100% deducti	on subject to	qualify	ying limit (wher	e any row is	filled by the	he user, all	the fields in t	hat row sho	uld become	;	
mane	datory)					FTAX	(DEF	SYL						
s	No.	Name of t	the Donee	Address		City or Town	State Cod	e Pir	ncode	PAN of	Amoun	t of Elig	ible Amount	
						or District		1		the Donee	donatio	on of	Donation	
Tota	l C		'						,					
D. D	onations en	titled for	50% deductio	n subject to	qualifyi	ing limit (where	any row is	illed by th	e user, all t	ne fields in th	at row shou	ld become	mandatory)	
S	No.	Name of t	the Donee	Address		City or Town	State Cod	e Pir	ncode	PAN of	Amoun	t of Elig	ible Amount	
						or District				the Donee	donatio	on of	Donation	
Tota	l D		'			,		'	,					
E. Do	onations (A	+ B + C+	D)											
Taxe	s Paid													
D14	. Total	Advance T	ax Paid										0	
D15	. Total S	Self-Asses	sment Tax Paid	1									0	
D16	. Total	ΓDS Claim	ned (total of col	lumn 4 of Sch	nedule-T	DS1 and column	n 7 of Sched	ıle-TDS2)					8610	
D17	. Total	ΓCS Colle	cted (total of co	d (total of column 4 of Schedule-TDS1 and column 7 of Schedule-TDS2) ed (total of column (5) of Schedule-TCS)										

Assessment Year: 2018-19

Acknov	vledgement Number : 141401640210818	Assessment Year : 2018-19
D18.	Total Taxes Paid (D14+D15+D16+D17)	8610

D18.	Total	Taxes Paid (D14+D	015+D16+D17)					863	10				
D19.	Amou	nt payable (D13 - D	D18, If D13 > D1	8)					0				
D20.	Refun	d (D18 - D13, If D1	18 > D13)					863	10				
D21.	Exem	pt income only for r	reporting purpos	es									
	(If agı	ricultural income is	more than Rs.5,0	000/-, use ITR 3/5	5)								
	Agric	ulture Income							0				
	Others	S											
	Sl.	No.	Nature of Inc	ome	Description (I	f 'Any Other' is selected)	Amount						
	Total	·											
D22.	Details of all Bank Accounts held in India at any time during the previous year (excluding dormant Yes												
	accounts) (In case of non-residents, details of any one foreign Bank Account may be furnished for the												
	purpose of credit of refund)												
	a) Bank Account in which refund, if any, shall be credited												
S.No. IFS Code of the bar				Name of the Bank				Account Number					
1		UE	BIN0531103	W	UNION BA	NK OF INDIA		311001010055998					
		b) Other Bank acc	count details	M		11/1							
S.No	о.	IFS Co	ode of the bank	Ж	Name o	f the Bank		Account Number					
2		UE	BIN0531120	MA .	UNION BANK OF INDIA			311202010080418					
		c) In case of non-r	residents, detail	s of any one fore	ign Bank Account	may be furnished for the	e purpose of cre	edit of refund					
S.No	D.	SWIFT	Code	Name	of the Bank	Country of Loc	eation	IBAN					
				11/2	VERIFICATIO	ON		L-7					
the info	ormatio	n given in the return	is correct and co	omplete and is in	accordance with the	- THE TAX S. L.	tax Act, 1961. I	nest of my knowledge and belief further declare that I am making r AYOPJ4150A					
		Place			Date			Sign here					
SURAT				21/08/2018									
If the ret	turn has	been prepared by a	Tax Return Prep	parer (TRP) give	further details as bel	ow:							
	TF	RP PIN (10 Digit)											
		Name of TRP											
	Amou	nt to be paid to TR	RP .										