INDIAN INCOME TAX RETURN

FORM ITR1 SAHAJ [For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, having Income from Salaries, one house property, other sources (Interest etc.), and agricultural income upto 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] (Refer instructions for eligibility)

Assessment Year 2023-24

Date of Filing: 20-Jul-2023*

PART A GEN	ERAL INFORMATION						
(A1) PAN DPLPK46110	3	(A2) First Name MANORAMA		2a) Middle Name IRIKANTH		(A3) Last Na KOTAKONI	
(A4) Date of B 13/06/1986	Birth	(A5) Aadhaar Number(12 eligible for Aadhaar No.) 8xxx xxxx 6598	digits)/Aadhaa	r Enrolment Id(28 dig	gits) (if	(A6) Mobile + 91 94912	
(A7) Email Admanusri179((A8) Flat/Door/Block No. HNO 2-9-772(31-3-222) Colony	0) TNGOs Pre	9) Name of emises/Building/Villa st floor Padmavath		Area/Localit	/Street/Post Office, cy ida H.O Hanamkonda
(A11) Town/Ci WARANGAL	ity/District	(A12) State 36-Telangana		13) Country/Region L-INDIA		(A14) PIN C 506001	ode/ZIP Code
(A17) Nature	of employment		Ot	thers			
(A15)(a) Filed	u/s (Tick)[Please see i	nstruction]	13	39(1)-On or before	due date		
(A16) Or Filed	in response to notice	ı/s					
	ed/defective then enter n (DD/MM/YYYY)	Receipt No. and Date of file	ing of				
119(2)(b)- ent		s 139(9)/142(1)/148/153C (cument Identification Numl					
(A20) Are you □ Yes 🔽 No	opting for new tax reg	ime u/s 115BAC?	43	25%			
🗆 Yes 🗷 No	-	under Seventh proviso to	A SHEET	8 1111	•		
filing return of	income due to fulfilling	nation [Note: To be filled on g one or more conditions m	entioned in the	e seventh proviso to	section 139(1)		er section 139(1) but
	ry for yourself or for an	an amount or aggregate or y other person?	i amount excee	eding RS. 2 lakns for	traver to a	0	
	incurred expenditure or ing the previous year?	f amount or aggregate of a	mount exceedir	ng Rs. 1 lakh on cons	sumption of	0	
	equired to file a return ition from the drop dov	as per other conditions pre vn menu)	scribed under c	clause (iv) of seventh	proviso to sec	tion 139(1)	(If yes, please select the
SI No.		Nature			An	nount	
		W.Co.		-FAIR			
PART B GRO	SS TOTAL INCOME		** 121 521				
B1 i	Gross Salary (i	a + ib + ic + id + ie)				i	3,33,600
а	Salary as per s	section 17(1)			ia	3,33,600	
b	Value of perqu	isites as per section 17(2)			ib	0	
С		salary as per section 17(3			ic	0	
d	Income from r 89A	etirement benefit account r	maintained in a	notified country u/s	id	0	
_							
е	notified count	<u> </u>		-	ie	0	
ii	Less allowance 17(1)/17(2)/17	es to the extent exempt u/s (3)]	10 [Ensure tha	at it is included in sal	ary income u/s	ii	0
	SI Nature of I	Exempt Allowances	Description	(If Any Other sele	cted)	Tota	al Amount

	iia	Less : Incon	ne claimed for relief from tax	xation u/s 89A			iia	0	
	iii	Net Salary (i - ii - iia)				iii	3,33,600	
	iv	Deductions	52,400						
	а	Standard de	50,000						
	b	Entertainme	ent allowance u/s 16(ii)			ivb	0		
	С	Professiona	l tax u/s 16(iii)			ivc	2,400		
	V	Income cha	rgeable under the head 'Sala	aries' (iii - iv)			B1	2,81,200	
B2		Type Of Hou	use Property				B2		
	i	Gross rent r	received/ receivable/ lettable	e value during the year			i	0	
	ii	Tax paid to	local authorities			ii	0		
	iii	Annual Valu	ıe (i - ii)				iii	0	
	iv	30% of Ann	ual Value			iv	0		
	V	Interest pay	vable on borrowed capital			v	0		
	vi	Arrears/Unr	ealised rent received during	the year less 30%		vi	0		
	vii	Income cha negative)	rgeable under the head 'Hou	use Property' (iii - iv - v)	+ vi (If Ic	oss, put the	figure in B2	0	
В3		Income from	Income from Other Sources B3						
	SI No.	Na	ature of Income	Description (If An	/ Other	her selected) Total Amount			
		Quarterly breakup of Dividend Income Quarterly breakup of Inaccount maintained in (taxa)						ied country u/s 89A	
		(i)	Up to 15-Jun-2022) (i)	Up to	15-Jun-2022	0	
		(ii)	From 16-Jun-2022 to 15-Sep-2022		(ii)	From Sep-	16-Jun-2022 to 15 2022	- 0	
		(iii)	From 16-Sep-2022 to 15-Dec-2022		(iii)		16-Sep-2022 to ec-2022	0	
		(iv)	From 16-Dec-2022 to 15-Mar-2023		(iv)		16-Dec-2022 to ar-2023	0	
		(v)	From 16-Mar-2023 to 31-Mar-2023	सन्यमन अपने	(v)		16-Mar-2023 to ar-2023	0	
		Less: Incom	e claimed for relief from tax	ation u/s 89A	05			0	
			ction u/s 57(iia) (in case of fa		35	177	7	0	
B4		Gross Total of carry for	Income (B1+B2+B3) (If loss ward and set off of loss, plea	s, put the figure in negat use use ITR-2	ve) Note	e: To avail t	he benefit B4	2,81,200	
				· IMA UCT!	-				

PART C	- DEDUCTIONS AND TAXABLE TOTAL INCOME		
SI.No.	Section	Amount	System Calculated
C1	80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc.	0	0
C2	80CCC - Payment in respect Pension Fund	0	0
С3	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	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 (Please submit form 10BA to claim deduction)	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 deposits in saving bank Accounts	0	0
		THEN!	

^{*}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)."

C18	80TTB- Interest on deposits in case of senior citizens.	ARTIMO 0	0
C19	80U - In case of a person with disability -	0	0
C20	80CCH- Contribution to Agnipath Scheme	0	0
C21	Total deductions (Add items C1 to C18)	0	0
Total In	come		2,81,200

SI No.	Nature of Income	Description (If Any Other selected)	Total Amount
Total			0

PART D	- COMPUTATION OF TAX PAYABLE		
D1	Tax payable on total income	D1	1,560
D2	Rebate u/s 87A	D2	1,560
D3	Tax after rebate	D3	0
D4	Health and education Cess @4% on D3	D4	0
D5	Total Tax and Cess	D5	0
D6	Relief u/s 89 (Please ensure to submit Form 10E to claim this relief)	D6	0
D7	Interest u/s 234A	D7	0
D8	Interest u/s 234B	D8	0
D9	Interest u/s 234C	D9	0
D10	Fee u/s 234F	D10	0
D11	Total Tax, Fee and Interest (D5 + D7 + D8 + D9 + D10 - D6)	D11	0
D12	Total Taxes Paid	D12	0
D13	Amount payable (D11-D12) (if D11>D12)	D13	0
D14	Refund (D12 - D11) (if D12 > D11)	D14	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	Name of the Bank	Account Number Select Account for Re									
1	SBIN0040362	STATE BANK OF INDIA	64179715135	Ø								
SCHE	OULE 80D			_								

^{*}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)."

, ,	Wiletile	r you or any of	your family m	ember (excludi	ing parents) is	a senior citize	n?	Υ		
(a)	Self & F	amily		M	(20)		<i>}}</i> }			C
	(i)	Health Insuran	ce	M	क्ष्युवा वहा	15 1	H	A		C
	(ii)	Preventive Hea	alth Checkup	A ST	ीय मूलो		/	1		C
(b)	Self & F	amily including	Senior Citizer	VA		125	L'Mar			(
	(i)	Health Insuran	ce	OME	7AX D	EPART	111			(
	(ii)	Preventive Hea	alth Checkup							(
	(iii)	Medical Expendent claimed at		eduction to be	claimed on wh	nich health insu	rance is			(
2	Whethe	r any one of you	ur parents is a	senior citizen				Р		
(a)	Parents									(
	(i)	Health Insuran	ce							C
	(ii)	Preventive Hea	alth Checkup							C
(b)	Parents	including Senio	or Citizen							C
	(i)	Health Insuran	ce							(
	(ii)	Preventive Hea	alth Checkup							(
	(iii)	Medical Expen	ditura (This de	eduction can be	s claimed on v	مدا والجام والمامان				
	(111)	not claimed at		eddetion ean be	e ciaimed on v	vnich nealth ins	surance is			C
3	<u> </u>	not claimed at Amount of Ded	(i) above)	added on earl be	e ciaimed on v	vnich nealth ins	surance is			C
	Eligible	Amount of Ded	(i) above) uction							
SCHED	Eligible PULE 80G DE	Amount of Ded TAILS OF DON	(i) above) uction NATIONS ENT 00% DEDUCT	TITLED FOR D	EDUCTION U	NDER SECTIO	N 80G	W IS FILLED B	Y THE USER,	C
SCHED	Eligible PULE 80G DE	Amount of Ded	(i) above) uction NATIONS ENT 00% DEDUCT ECOME MAN	TITLED FOR D	EDUCTION U	NDER SECTIO	N 80G ERE ANY ROV			ALL THE
SCHED	Eligible PULE 80G DE NATIONS EN 5 IN THAT RO	Amount of Ded TAILS OF DON	(i) above) uction NATIONS ENT 00% DEDUCT	TITLED FOR D	EDUCTION U	NDER SECTIO	N 80G ERE ANY RO Am Donation in	ount of dona	tion Total	C
SCHED	Eligible PULE 80G DE NATIONS EN 5 IN THAT RO	Amount of Ded TAILS OF DON TITLED FOR 10 DW SHOULD B	(i) above) uction NATIONS ENT 00% DEDUCT ECOME MAN City or Town or	TITLED FOR D TION WITHOU IDATORY)	EDUCTION U T QUALIFYIN	NDER SECTIO	N 80G ERE ANY RO\ Am	ount of dona Donation in other mode	tion Total donation	ALL THE Eligible Amount of
A. DOI FIELDS	Eligible PULE 80G DE NATIONS EN 5 IN THAT RO	Amount of Ded TAILS OF DON TITLED FOR 10 DW SHOULD B	(i) above) uction NATIONS ENT 00% DEDUCT ECOME MAN City or Town or	TITLED FOR D TION WITHOU IDATORY)	EDUCTION U T QUALIFYIN	NDER SECTIO	N 80G ERE ANY ROV Am Donation in cash	ount of dona Donation in other mode	tion Total donation	ALL THE Eligible Amount of Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI	Eligible NATIONS EN Name of the Donee	Amount of Ded TAILS OF DON TITLED FOR 10 DW SHOULD B	(i) above) uction NATIONS ENT COME MAN City or Town or District	TITLED FOR DETION WITHOUT DATORY) State code	EDUCTION U T QUALIFYIN Pin code	NDER SECTIO IG LIMIT, (WH PAN of the Donee	N 80G ERE ANY ROV Am Donation in cash	ount of dona Donation in other mode	Total donation	ALL THE Eligible Amount of Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI FIELDS	Eligible NATIONS EN S IN THAT RO Name of the Donee	Amount of Ded TAILS OF DON TITLED FOR 10 OW SHOULD B Address	(i) above) uction NATIONS ENT 00% DEDUCTION City or Town or District 0% DEDUCTION ECOME MAN	State code ON WITHOUT ON WITHOUT DATORY)	EDUCTION U T QUALIFYIN Pin code	NDER SECTIO IG LIMIT, (WH PAN of the Donee	N 80G ERE ANY ROV Donation in cash	ount of dona Donation in other mode	Total donation Total donation	ALL THE Eligible Amount of Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI	Eligible NATIONS EN Name of the Donee	Amount of Ded TAILS OF DON TITLED FOR 10 OW SHOULD B Address	(i) above) uction NATIONS ENT COME MAN City or Town or District O% DEDUCTION ECOME MAN	TITLED FOR DETION WITHOUT DATORY) State code	EDUCTION U T QUALIFYIN Pin code	NDER SECTIO IG LIMIT, (WH PAN of the Donee	N 80G ERE ANY ROV Am Donation in cash	ount of dona Donation in other mode	Total donation THE USER, A	ALL THE Eligible Amount of Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI FIELDS	Eligible NATIONS EN Name of the Donee	Amount of Ded TAILS OF DON TITLED FOR 10 OW SHOULD B Address	(i) above) uction NATIONS ENT 00% DEDUCTI ECOME MAN City or Town or District 0% DEDUCTI ECOME MAN City or Town or	State code ON WITHOUT ON WITHOUT DATORY)	EDUCTION U T QUALIFYIN Pin code	NDER SECTIO IG LIMIT, (WH PAN of the Donee G LIMIT (WHER	N 80G ERE ANY RON Donation in cash 0 RE ANY ROW Am Donation in	ount of dona Donation in other mode 0 IS FILLED BY ount of dona Donation in other mode	Total donation THE USER, A tion Total donation	ALL THE Eligible Amount of Donation LL THE Eligible Amount of Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI FIELDS SI No. Total B C. DOI	Eligible PULE 80G DE NATIONS EN S IN THAT RO NATIONS EN S IN THAT RO Name of the Donee	Amount of Ded TAILS OF DON TITLED FOR 10 OW SHOULD B Address TITLED FOR 50 OW SHOULD B	(i) above) uction NATIONS ENT 00% DEDUCT ECOME MAN City or Town or District City or Town or District O' DEDUCTION City or Town or District	State code State code State code	EDUCTION U T QUALIFYIN Pin code QUALIFYING	PAN of the Donee PAN of the Donee	N 80G ERE ANY ROV Donation in cash O Donation in cash	ount of dona Donation in other mode 0 IS FILLED BY ount of dona Donation in other mode	Total donation THE USER, A tion Total donation	ALL THE Eligible Amount o Donation LL THE Eligible Amount o Donation
SCHED A. DOI FIELDS SI No. Total A B. DOI FIELDS SI No. Total B C. DOI	Eligible PULE 80G DE NATIONS EN S IN THAT RO NATIONS EN S IN THAT RO Name of the Donee	Amount of Dedicated Amount of Dedicated For 16 DW SHOULD BY Address TITLED FOR 56 DW SHOULD BY Address	(i) above) uction NATIONS ENT 00% DEDUCT ECOME MAN City or Town or District City or Town or District O' DEDUCTION City or Town or District	State code State code State code	EDUCTION U T QUALIFYIN Pin code QUALIFYING	PAN of the Donee PAN of the Donee	N 80G ERE ANY ROV Am Donation in cash O RE ANY ROW Am Donation in cash O HERE ANY RO	ount of dona Donation in other mode 0 IS FILLED BY ount of dona Donation in other mode	Total donation THE USER, A tion Total donation 0 BY THE USER	ALL THE Eligible Amount of Donation LL THE Eligible Amount of Donation

District Donation in cash in other mode Donation of the properties	tal C								0	0	0	
No. No. Name of the Donee Address City or Town or District State code Pin code Pin code Pin code Ponee Reference Number) ARN (Donation Reference Number) Donation in other mode O O O Otal Amount of Donation (A + B + C + D) O O O O O O O							ALIFYING LIM	IIT (WHERE	ANY ROW I	S FILLED BY	THE USER,	ALL THE
No. the Donee hall D State code District State code Donee home home home home home home home ho						<u>'</u>			Am	ount of dona	ntion	Eligible
otal Amount of Donations (A + B + C + D) 0 0 0	l No.	Name of the Donee	Address	Town or	State code	Pin code		Reference		in other		Amount o
संस्थानित विपारे	tal D				M			M	0	0	0	
क्षेत्र मुलो स्पेर्ड	Total	Amount of D	onations (A -	+ B + C + D)	(4)	1		M	0	0	0	
					WCON	IE TA	(DEPA	RTME				

SCHED	ULE 80GGA	DETAILS O	F DONATIONS F	OR SCI	ENTIFIC RES	EARCH OR F	RURAL DEVEL	OPMENT			
SI No.	Relevant Clause under	Name of		ity or	State Code	Din codo	PAN of the	Amo	ount of Dona	ntion	Eligible Amount o
SI NO.	which deduction is claimed	the Donee		own or istrict	State Code	Pin code	Donee	Donation in Cash	Donation in other mode	Total Donation	Donation
Total								0	0	0	(
ΤΔΥ Ρ	AYMENTS										
SI No.		BSR Code	Date	of Dep	osit (DD/MM/	YYYY) S	erial Numbe	r of Challan		Tax paid	d
Total											0
			TAX DEDUCTE			1.	S PER FORM		-	ER(S)]	lata al
SI No.	IAN	of the Deduc	tor N	ame o	f the Deducto	88889334	salar	ies	10	itai Tax Det	iuctea
Total				_00	8	MILY.	10				0
		DETAILS OF	TAX DEDUCTE	D AT S	OURCE FROM	I INCOME O	THER THAN S	SALARY [AS	PER FORM	16A ISSUED	BY
	TAN of the	Deductor	Name of the Deductor	G	ross receipt is subject to deduction	tax	Year of tax deduction	Tax	Deducted		edit out of ed this yea
Total		7	JY.		8.18	Ten S	34		7		(
SCHED	III E TDS3 I	DETAILS OF	TAX DEDUCTED	AT SO	IIDCE (AS DE	D EODM 160	CEUDNICHE	DEVITUE DA	VED(S))		
	PAN of		haar Number		of the	Gross recei	pt Year	of tax	. , , ,		Credit out
SI No.	Tenai	nt of	the Tenant	Te	nant	hich is subj tax deduct	nen '	uction	Tax Deduc		6) claimed his year
Total											(
SCHED	ULE TCS										
	Tax Col Account N		Name of the	w	Gross paym		Year of tax	Tax	Collected		lit out of (5
J. 110.	the Col		Collector		tax collecti		collection	142	Conceicu	claime	d this year
Total											C
					VER	IFICATION					
the info that I a numbe	ormation give	en in the retur is return in m . 1G	TAKONDA son/ orn is correct and only capacity as Sel	complet	e and is in acc	cordance with	n the provision	is of the Inco	me-tax Act, 1	961. I furthe	r declare
Date: 2	0-Jul-2023										
If the I	return has l	been prepar	ed by a Tax Ret	urn Pro	eparer (TRP)	give furthe	er details bel	ow:			
	cation No. of	TRP				Name of TR	RP		Counter Si	anature of Ti	RP
dentifi										griature or ri	**