Date of Filing: 20-Jul-2023*

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

PART A	GENERAL INFORMATION				
(A1) PAI AZQPK		(A2) First Name SRIKANTH	(A2a) Middle Name	(A3) Last N KOTAKON	
(A4) Dat 08/06/1	te of Birth 1985	(A5) Aadhaar Number(12 digits)/Aad eligible for Aadhaar No.) 6xxx xxxx 1782	haar Enrolment Id(28 digits) (if	(A6) Mobile + 91 9422	
` '	aail Address shik@gmail.com	(A8) Flat/Door/Block No. Flat 301 Vrindavan Terrace Garden Apartment	(A9) Name of Premises/Building/Village Near Govind Park	(A10) Road Area/Local Rankala S	
(A11) To	own/City/District PUR	(A12) State 19-Maharashtra	(A13) Country/Region 91-INDIA	(A14) PIN 0 416012	Code/ZIP Code
(A17) N	ature of employment		Others		
(A15)(a)) Filed u/s (Tick)[Please see i	nstruction]	139(1)-On or before due date		
(A16) O	r Filed in response to notice	u/s			
	revised/defective then enter return (DD/MM/YYYY)	Receipt No. and Date of filing of			
119(2)(/s 139(9)/142(1)/148/153C or order u/s ocument Identification Number (DIN) &			
🗆 Yes 🔽	· · · · ·	<i>6</i> 3			
🗆 Yes 🗸	No	e under Seventh proviso to section 139	AT SAGE		
		nation [Note: To be filled only if a perso g one or more conditions mentioned in			der section 139(1) but
	country for yourself or for ar	an amount or aggregate of amount ex y other person?	sceeding Rs. 2 lakhs for travel to a	0	
	ty during the previous year?	f amount or aggregate of amount exce	eding Rs. 1 lakh on consumption of	0	
(iv) Are relevant ☐ Yes 🔽	t condition from the drop do	as per other conditions prescribed und wn menu)	ler clause (iv) of seventh proviso to se	ction 139(1)	(If yes, please select the
SI No.		Nature	Ar	nount	
(1)		(2)		(3)	
		TE IAX	DEPAIN		
PART B	GROSS TOTAL INCOME				
D1	i Gross Salany (ia Lib Lic Lid Lio)			2 52 001

PARIBU	PART B GROSS TOTAL INCOME									
B1	i	Gross Salary (ia + ib + ic + id + ie)	2,53,091							
	а	Salary as per section 17(1)	ia	2,53,091						
	b	Value of perquisites as per section 17(2)	ib	0						
	С	Profit in lieu of salary as per section 17(3)	ic	0						
	d	Income from retirement benefit account maintained in a notified country u/s 89A	id	0						
	е	Income from retirement benefit account maintained in a country other than notified country u/s 89A	ie	0						
	ii	Less allowances to the extent exempt u/s 10 [Ensure that it is included in sa $17(1)/17(2)/17(3)$]	lary incom	ne u/s ii	0					

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	SI. No.	Nature of Exempt Allowances	Description (If Any	ption (If Any Other selected)				Total Amount		
	(1)	(2)	(3)	(3)			(4)			
	iia	Less : Income claimed for relief from tax	ation u/s 89A				iia	0		
	iii	Net Salary (i - ii - iia)					iii	2,53,091		
	iv	Deductions u/s 16 (iva + ivb + ivc)					iv	50,000		
	a	Standard deduction u/s 16(ia)			iva		50,000			
	b	Entertainment allowance u/s 16(ii)			ivb		0			
	С	Professional tax u/s 16(iii)			ivc		0			
	v	Income chargeable under the head 'Sala	ries' (iii - iv)		-	I	B1	2,03,091		
B2		Type Of House Property					B2	Self-Occupied		
	i	Gross rent received/ receivable/ lettable	value during the year				i	0		
	ii	Tax paid to local authorities		ii			0			
	iii	Annual Value (i - ii)					iii	0		
	iv	30% of Annual Value		iv			0			
	v	Interest payable on borrowed capital		v			1,62,432			
	vi	Arrears/Unrealised rent received during	the year less 30%	vi			0			
	vii	Income chargeable under the head 'Hournegative)	se Property' (iii - iv - v) +	- vi (If loss	, put the	figure in	B2	-1,62,432		
В3		Income from Other Sources					В3	3,557		
	SI. No.	Nature of Income	Description (If Any Other selected)				Tot	al Amount		
	(1)	(2)	(3)					(4)		
	1 1	nterest from Income Tax Refund		M				720		
		nterest from Deposit(Bank/Post Office/Cooperative Society)		M				1,708		
	3 I	nterest from Saving Account		M				1,129		
		Quarterly breakup of Div	idend Income			ntained i		om retirement benefit ied country u/s 89A on)		
		(i) Up to 15-Jun-2022	0	(i)	Up to	15-Jun-2	022	0		
		(ii) From 16-Jun-2022 to 15-Sep-2022	0	(ii)	From Sep-2	16-Jun-2 2022	022 to 15-	0		
		(iii) From 16-Sep-2022 to 15-Dec-2022	0	(iii)	From 15-D	16-Sep-2 ec-2022	2022 to	0		
		(iv) From 16-Dec-2022 to 15-Mar-2023	0	(iv)		16-Dec-2 ar-2023	2022 to	0		
		(v) From 16-Mar-2023 to 31-Mar-2023	0	(v)		16-Mar-2 ar-2023	2023 to	0		
		Less: Income claimed for relief from taxa	ation u/s 89A					0		

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	Less: Deduction u/s 57(iia) (in case of family pension only)	0
B4	Gross Total Income (B1+B2+B3) (If loss, put the figure in negative) Note: To avail the benefit of carry forward and set off of loss, please use ITR-2	44,216

PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME **System Calculated** SI.No. Section **Amount** 80C - Life insurance premia, deferred annuity, contributions to provident C1 67,914 44,216 fund, subscription to certain equity shares or debentures, etc. C2 0 0 80CCC - Payment in respect Pension Fund C3 80CCD(1) - Contribution to pension scheme of Central Government 0 0 C4 80CCD(1B) -Contribution to pension scheme of Central Government 0 0 80CCD(2) - Contribution to pension scheme of Central Government by C5 0 0 employer C6 0 0 80D - Deduction in respect of health insurance premia 80DD - Maintenance including medical treatment of a dependent who is a 0 0 C7 person with disability -C8 80DDB - Medical treatment of specified disease -0 0 C9 80E - Interest on loan taken for higher education 0 0 0 C10 0 80EE - Interest on loan taken for residential house property 80EEA - Deduction in respect of interest on loan taken for certain house C11 0 0 property C12 0 0 80EEB - Deduction in respect of purchase of electric vehicle 80G - Donations to certain funds, charitable institutions, etc (Please fill C13 0 0 80G schedule. This field is auto-populated from schedule 80G.) C14 80GG - Rent paid (Please submit form 10BA to claim deduction) 0 0 80GGA - Certain donations for scientific research or rural development C15 0 0 (Please fill 80GGA Schedule. This field is autopopulated from schedule.)

C16	80GGC - Donation to Political party	ARTMI	0
C17	80TTA - Interest on deposits in saving bank Accounts	0	0
C18	80TTB- Interest on deposits in case of senior citizens.	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)	67,914	44,216
		1	

Date of Filing: 20-Jul-2023*

Total Income	YV		11.11	0
	(M)	2.請見 被視度	[14]	

EXEM	PT INCOME (FOR REPORTING PURPOSES)		
SI. No.	Nature of Income	Description (If Any Other selected)	Total Amount
(1)	(2)	(3)	(4)
Total	- No	EN	0

PART D - COMPUTATION OF TAX PAYABLE								
D1	Tax payable on total income	D1	0					
D2	Rebate u/s 87A	D2	0					
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 Refund Credit
(1)	(2)	(2) (3) (4)		(5)
1	ICIC0000201	ICICI BANK LIMITED	020101521532	⊌

SCHEDU	SCHEDULE 80D								
1	Whethe	er you or any of your family member (excluding parents) is a senior citizen?	No claiming for Self/Family						
(a)	Self & I	Family	0						
	(i)	Health Insurance	0						
	(ii)	Preventive Health Checkup	0						

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Self & Family including Senior Citizen

Preventive Health Checkup

not claimed at (i) above)

Preventive Health Checkup

Preventive Health Checkup

not claimed at (i) above)

Whether any one of your parents is a senior citizen

Health Insurance

Health Insurance

Parents including Senior Citizen

Eligible Amount of Deduction

Health Insurance

(b)

2

(a)

(b)

3

(i)

(ii)

(iii)

Parents

(i)

(ii)

(i)

(ii)

(iii)

0

0

0

SCHEDULE 80G DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G

Medical Expenditure (This deduction to be claimed on which health insurance is

Medical Expenditure (This deduction can be claimed on which health insurance is

A. DONATIONS ENTITLED FOR 100% DEDUCTION WITHOUT QUALIFYING LIMIT, (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI.	Name of	Address	City or Town or	State code	Pin code	PAN of the		ount of donat	tion	Eligible Amount of
	the Donee	Address	District	State code	Pin code	Donee	Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total A	Fotal A						0	0	0	0

B. DONATIONS ENTITLED FOR 50% DEDUCTION WITHOUT QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI.	Name of	Address	City or Town or	State code	Pin code	PAN of the			tion	Eligible Amount of
No.	No. the Donee		Address	District	State code	r iii code	Donee	Donation in cash	Donation in other mode	Total donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)

Total B 0 0 0 0

C. DONATIONS ENTITLED FOR 100% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

SI. No.	Name of the Donee	Address	City or Town or District	State code	Pin code	PAN of the Donee	Am	Eligible Amount of		
							Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)

D. DONATIONS ENTITLED FOR 50% DEDUCTION SUBJECT TO QUALIFYING LIMIT (WHERE ANY ROW IS FILLED BY THE USER, ALL THE FIELDS IN THAT ROW SHOULD BECOME MANDATORY)

			City or				ARN	Amount of donation			Eligible
SI. No.	Name of the Donee	Address	Town or District	State code	Pin code	PAN of the Donee	(Donation Reference Number)	Donation in cash	Donation in other mode	Total donation	Amount of Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Total D							0	0	0	0	
E. Total Amount of Donations (A + B + C + D)							0	0	0	0	



	OLL GOOGLA	DETAILS U	F DUNATIO	ONS FOR SCI	ENTIFIC RES	EARCH OR F	RURAL DEVE	LOPMENT				
SI. No.	Relevant Clause under which deduction is claimed	Name of the Donee	Address	City or Town or District	State Code	e Pin code	PAN of the Donee	Amo Donation in Cash	ount of Dona Donation in other mode	Total Donation	Eligible Amount o Donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
otal				'				0	0	0		
ΓΑΧ Ρ	AYMENTS											
SI. No.		BSR Code		Date of Depo	Deposit (DD/MM/YYYY) Serial Number of Ch		r of Challan	lan Tax paid				
(1)				(3)			(4)			(5)		
otal											C	
SCHED SI.				OUCTED AT SO		1,	AS PER FORM ncome charg					
No.	I AN of the Deductor			Name of	the Deduct	or "	salar	То	Total Tax Deducted			
(1)	(2)			(3)			(4)			(5)		
otal					13	250					C	
					All a		13/4					
	TAN of the		Name o	or the	oss receipt is subject to deductio	which tax	Year of tax deduction		Deducted	TDS Cre	edit out of	
(1)	(2)	(3)	(4)	П	(5)		(6)			
otal				U	X 83 X		3 M	A			(
					115	नूलो 💆	20		- Times			
CHED	OULE TDS3 [DETAILS OF	TAX DEDU	ICTED AT SOL	-			BY THE PA	YER(S))	TDS	Consultation to	
SI. No.	PAN of Tenar		haar Num the Tenai		of the	Gross recei which is subj o tax deduc	ject feat	of tax uction	Tax Deduc	TDS Credi of (6) clai this ye		
(1)	(2)		(3)	(4	4)	(5)		(6)	(7)	(7) (8)		
otal											(
CUEF	OULE TCS											
SI. No.	Tax Coll Account N	umber of	Name (or the	Gross paym	ect to	Year of tax collection	Tax	Collected		lit out of (5 d this year	
(1)	the Col		(3)	tax collect	ion	(5)		(6)		(7)	
otal											(
											,	

Acknowledgement Number : 573038050200723 Date of Filing : 20-Jul-2023*

I, **SRIKANTH KOTAKONDA** son/ daughter of **VIJENDER KOTAKONDA** solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this return in my capacity as **Self** and I am also competent to make this return and verify it. I am holding permanent account number **AZQPK7120E**

Place: 199.191.43.97

Date: 20-Jul-2023

	ive further details below:

the return has been prepared by a rax keturn Freparer (TKF) give further details below.						
Identification No. of TRP	Name of TRP	Counter Signature of TRP				
If TRP is entitled for any reimbursement from the Government, amount t	0					