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 2024-25

Date of Filing: 14-Jul-2024*

PART A GEN	ERAL INFORMATION						
(A1) PAN AZQPK7120 I	E	(A2) First Name SRIKANTH	(A2a) Middle Name		(A3) Last Na KOTAKOND		
(A4) Date of E 08/06/1985	Birth	(A5) Aadhaar Number(12 digits)/Aadh eligible for Aadhaar No.) 6xxx xxxx 1782	dhaar Enrolment Id(28 digits) (if (A6) Mobile No +91 9422209288				
(A7) Email Ad ksrkoushik@		(A8) Flat/Door/Block No. Flat No. 301 Vrindavan Terrace Garden Apartment	(A9) Name of Premises/Building/Villa RS No.1009/1A, Salo road		(A10) Road/S Area/Locality Rankala S.0		
(A11) Town/C KOLHAPUR	ity/District	(A12) State 19-Maharashtra	(A13) Country/Region 91-INDIA		(A14) PIN Co 416012	ode/ZIP Code	
(A17) Nature	of employment		Others				
(A15)(a) Filed	u/s (Tick)[Please see in	struction]	139(1)-On or before	due date			
(A16) Or Filed	l in response to notice u	ı/s					
	ed/defective then entern (DD/MM/YYYY)	Receipt No. and Date of filing of					
119(2)(b)- ent		5 139(9)/142(1)/148/153C or order u/s cument Identification Number (DIN) &					
(A20) Do you □ Yes 🔽 No	wish to exercise the op	tion u/s 115BAC(6) of Opting out of ne	w tax regime ? (default	is "No")			
☐ Yes ☑ No If yes, please t	furnish following inform	under Seventh proviso to section 139(ation [Note: To be filled only if a perso one or more conditions mentioned in	n is not required to furn	· iish a return of	income unde		
(i) Have you in foreign counti ☐ Yes ☑ No	ncurred expenditure of ry for yourself or for any	an amount or aggregate of amount ex	ceeding Rs. 2 lakhs for	travel to a	0		
	incurred expenditure of ring the previous year?	amount or aggregate of amount exce		sumption of	0		
	equired to file a return a lition from the drop dow	as per other conditions prescribed under n menu)	er clause (iv) of seventh	n proviso to se	ction 139(1) (If yes, please select the	
SI No.		Nature		Ar	nount		
(1)		(2)	(3)				
PART B GRO	SS TOTAL INCOME						
B1 i	Gross Salary (ia	a + ib + ic + id + ie)			i	6,51,895	
а	Salary as per s	ection 17(1)		ia	6,51,895		
b Value of perquisites as per section 17(2)				ib	0		
c Profit in lieu of salary as per section 17(3)				ic	0		
d	Income from re 89A	etirement benefit account maintained i	n a notified country u/s	id	0		
е	Income from re	etirement benefit account maintained i y u/s 89A	n a country other than	ie	0		

	ii	Less allowances to the extent exempt 17(1)/17(2)/17(3)]	t u/s 10 [Ensure that it is	included in s	alary inc	ome u/s	ii	0	
	SI. No.	Nature of Exempt Allowances	Description (If A	ny Other se	lected)		Tot	al Amount	
	(1)	(2)		(3)				(4)	
	iia	Less : Income claimed for relief from	taxation u/s 89A				iia	C	
	iii	Net Salary (i - ii - iia)					iii	6,51,895	
	iv	Deductions u/s 16 (iva + ivb + ivc)	reductions u/s 16 (iva + ivb + ivc)					50,000	
	a	Standard deduction u/s 16(ia) iva					50,000		
	b Entertainment allowance u/s 16(ii) ivb c Professional tax u/s 16(iii) ivc					0			
						0			
	v Income chargeable under the head 'Salaries' (iii - iv)						В1	6,01,895	
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	Tax paid to local authorities ii		0				
	iii	Annual Value (i - ii)					iii	C	
	iv	30% of Annual Value		iv	iv		0		
	v	Interest payable on borrowed capital		V		0			
	vi	Arrears/Unrealised rent received during the year less 30%		vi			0		
	vii	Income chargeable under the head 'H negative)	louse Property' (iii - iv - v	v) + vi (If loss	, put the	figure in	B2	C	
В3		Income from Other Sources		Sh.			В3	2,079	
	SI. No.	Nature of Income	Description (If A	ny Other se	Other selected)		Total Amount		
	(1)	(2)		(3)			(4)		
	1	Dividend	(EC.) (A)			8			
	2	Interest from Saving Account	सन्यमेश जयते	s M		4		1,703	
	3	Interest from Deposit(Bank/Post Office/Cooperative Society)					-7	368	
		Quarterly breakup of D	Dividend Income	Quarte acco	rly breal unt mair	ntained i	ncome fro in a notifi ible porti	om retirement benefit ied country u/s 89A on)	
	· · · · · · · · · · · · · · · · · · ·	UN	E TAX DEP	ARIT					

		(i)	Up to 15-Jun-2023	8	(i)	Up to 15-Jun-2023	0
		(ii)	From 16-Jun-2023 to 15-Sep-2023	0	(ii)	From 16-Jun-2023 to 5 Sep-2023	15- 0
		(iii)	From 16-Sep-2023 to 15-Dec-2023	0	(iii)	From 16-Sep-2023 to 15-Dec-2023	0
		(iv)	From 16-Dec-2023 to 15-Mar-2024	0	(iv)	From 16-Dec-2023 to 15-Mar-2024	0
		(v)	From 16-Mar-2024 to 31-Mar-2024	0	(v)	From 16-Mar-2024 to 31-Mar-2024	0
	Le	ess: Incon	ne claimed for relief from taxa	ation u/s 89A			0
	Le	ess: Dedu	ction u/s 57(iia) (in case of fa	mily 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				6,03,974		

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	25 JJJ 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.)	ARTMI	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
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)	0	0

Date of Filing: 14-Jul-2024*

Total Income 6,03,970

EXEMPT INCOME	(FOR REPORTING PURPOSES)
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SI. No.	Nature of Income	Description (If Any Other selected)	Total Amount
(1)	(2)	(3)	(4)

0 Total

PART D - COMPUTATION OF TAX PAYABLE					
D1	Tax payable on total income	D1	15,397		
D2	Rebate u/s 87A	D2	15,397		
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	Type of account
(1)	(2)	(3)	(4)	(5)
1	ICIC0000201	ICICI BANK LIMITED	020101521532	Savings Account

SCHEDULE 80D

1	Whethe	r you or any of your family member (excluding parents) is a senior citizen?	No claiming for Self/Family		
(a)	Self & F	amily		0	
	(i)	Health Insurance		0	
	(ii)	Preventive Health Checkup		0	

not claimed at (i) above)

Eligible Amount of Deduction

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Acknow	wledgeme	ent Number : 710674150140724	Date of Filing: 14-Jul-2024*
(b)	Self 8	Family including Senior Citizen	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
	(iii)	Medical Expenditure (This deduction to be claimed on which health insurance is not claimed at (i) above)	0
2	Whet	her any one of your parents is a senior citizen	No claiming for Parents
(a)	Parer	ts	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Parer	ts including Senior Citizen	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
	(iii)	Medical Expenditure (This deduction can be claimed on which health insurance is not claimed at (i) above)	0

Sched	ule 80U	Details of deduction in case of a person with disability					
SI. No.	Nature of Disability	Amount of Deduction	Date of filing of Form 10IA	Ack. No. of Form 10IA filed	UDID Number (If available)		
(1)	(2)	(3)	(4)	(5)	(6)		
1		0					

0

Sch	hedule 80DD Details of deduction in respect of maintenance including medical treatment of a dependent who is a person with disability.								
SI. Nature of No. Disability Amount of Deduction Deduction PAN of the dependent Aadhaar of the dependent Date of filing of dependent PAN of the dependent PA						Ack. No. of Form 10IA filed	UDID Number (If available)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
1		0							

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

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	Din codo	PAN of the		tion	Eligible Amount of	
No.	the Donee	Address	District	State code	Pin code		Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total 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	Am	Amount of donation		
No.	the Donee	Address	District	State code	Fill Code	Donee	Donation in cash	Donation in other mode	Total donation	Amount of 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.	Name of	Address	City or Town or	State code	Pin code	PAN of the	Amount of donation		Eligible Amount of	
No.	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 C				0		By M	0	0	0	0

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)

SI.	Name of		City or			PAN of the	ARN (Donation	Amo	ount of dona	ntion	Eligible
No.	the Donee	Address	Town or District	State code	Pin code	Donee	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			/ <	100	10-		OTHE	0	0	0	0
E. Total Amount of Donations (A + B + C + D) 0 0										0	

SI.	Relevant Clause under	Name of		City or			Amount of Donation				Eligible
No.	which deduction is claimed	the Donee	Address	Town or District	State Code	Pin code	Donee	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		1						0	0	0	(

SCHED	SCHEDULE 80GGC DETAILS OF CONTRIBUTION MADE TO POLITICAL PARTIES										
SI.	Date	An	nount of Contribut	ion	Eligible Amount of	Transaction Reference number for UPI transfer / Cheque number / IMPS	IFSC code of				
No.		Contribution in Cash	Contribution in other mode	Total Contribution	Contribution		Bank				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)				
Total		0	0	0	0						

TAX PAYM	ENTS						
SI. No.	BSR Code	Serial Number of Challan	Tax paid				
(1)	(2)	(3)	(4)	(5)			
Total	0						

SCHED	ULE TDS1 - DETAILS OF TAX DE	DUCTED AT SOURCE FROM SALA	RY [AS PER FORM 16 ISSUED BY	EMPLOYER(S)]
SI. No.	TAN of the Deductor	Name of the Deductor	Income chargeable under salaries	Total Tax Deducted
(1)	(2)	(3)	(4)	(5)
Total	h.	tient of the Miles	£550% A	0

SCHEDULE TDS2 - DETAILS OF TAX DEDUCTED AT SOURCE FROM INCOME OTHER THAN SALARY [AS PER FORM 16A ISSUED BY DEDUCTOR(S)]

SI. No.	TAN of the Deductor	Name of the Deductor	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (5)claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total						0

SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S))

SI. No.	PAN of the Tenant	Aadhaar Number of the Tenant	Name of the Tenant	Gross receipt which is subject to tax deduction	Year of tax deduction	Tax Deducted	TDS Credit out of (6) claimed this year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total							0

SCHE	SCHEDULE TCS									
SI. No.	Tax Collection Account Number of the Collector	Name of the Collector	Gross payment which is subject to tax collection	Year of tax collection	Tax Collected	TCS Credit out of (5) claimed this year				

If TRP is entitled for any reimbursement from the Government, amount thereof

Acknowledgement Number: 710674150140724 Date of Filing: 14-Jul-2024*							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total						0	
VERIFICATION							
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: 16	5.225.230.183						
Date: 14-	Jul-2024						
If the return has been prepared by a Tax Return Preparer (TRP) give further details below:							
Identifica	tion No. of TRP			Name of TRP	Counter Sig	Counter Signature of TRP	

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