Egg ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature].

Assessment Year 2018-19

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

	Name													PAN					
THE	SANGITABEN ABHISHEK JOSHI													AUHPJ4661K					
	Flat/Door/Block No							Name Of Premises/Building/Village							I	No. whi	ch		
AL INFORMATION AND DATE OF ELECTRONIC TRANSMISSION	37						J	JOGNI MATA NI CHALI							has be			ITR-4	
INFORMATION E OF ELECTRO TRANSMISSION															electronically transmitted				
MA SLE	Road/Street/Post Office						A	Area/Locality								milleu			
OF P	NR.ANAND NAGARVASSKAR						(GHATLODIA							Statu	s Indi	vidual		
E E E	HINDI SCHOOL																		
DA	Town/City/District						Si	State Pi						Code	Aadh	aar Nun	nber/]	Enrolln	nent ID
PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	AHMEDABAD							GUJARAT					38000	51	XXXX XXXX 3223				
ď	Des	signatio	n of A	40 (Wa	ard / Ci	rcle) [WARD	RD 4(2)(5), AHMEDABAD							Original or Revised ORIGINAL				
	E-filing Acknowledgement Number							999624590090818 Dat						te(DD-MM-YYYY) 09-08-2018					
	1	1 Gross Total Income													1			4	25862
	2	Dedu	ctions	under	Chapte	er-VI-A	1	A 10-							2			1	25942
- >	3	Total Income						187 × 300							3			2	299920
WE					ar loss, i	if any	10	7	2010	100	1991				3a	1			0
COMPUTATION OF INCOME AND TAX THEREON	4			ayable			<u>nr</u>				- 70	\			4				0
	5				Payable	/.	/_	ENERGY ///							5				0
	6				t and F	ee Pay	able	e							6				0
	_7	Taxes				-(M			1311	M	1	IX	-	-	_				
		a		ance Ta	ax	_1,14			100	7a		Ж	<u> </u>	0					
		<u>b</u>	TDS			-111				7b		1//		0					
		<u>c</u>	TCS			_{\}_{e}	Ν_		Healthia c	7c	. /	Щ		0					
			d Self Assessment Tax e Total Taxes Paid (7a+7b+				<u> </u>	- 20	3	7d	C6 H	//		0					
	_	e				7a+7b+	-7c +7c	+7d)							7e				0
	8	Tax Payable (6-7e)													8		_		0
	9	Refund (7e-6)							1				-3	ϵ	9				0
	10	10 Exempt Income						Agriculture							10				0
			7			40	ila.	Others (<u>) </u>				
I, SANGI	TAB	EN AB	HISH	IEK JO	SHI so	n/ daug	ghter of	f LAXI	MILAL S	HARM	A , ho	oldii	ng Per	mane	nt Acco	ount Num	nber _	AUHPJ	4661K
											e return and								
											ne-tax Act,								
											making thi						6		
Self					and I an	n also c	compet	tent to n	nake this r	eturn an	d verify it.								
Sign here									Date	9-09-	08-2018			Place	e AHN	IEDAB	AD		
				pared b	y a Tax	Retur	n Prej	parer (TRP) give	furthe	details as	belo	w:						
Identifica	No. of	ГRР					Name of TRP							Cour	nter Si	ignatur	e of TRP		
For Office Use Only Receipt No Filed from IP address 12							122.1	.170.55.146											
Date											MINITED TO SECURE						10.0		•
Seal and signature of receiving official										AUHPJ4661K0499962459009081816B0E257018A8							EE6EBA	.E5F91D2	DAF4A475

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY
POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address

gpmail2014@gmail.com