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: 21-Jul-2024\*

PART A	GENERAL II	NFORMATION					
(A1) PAN CBDPSO			(A2) First Name JAIPAL	(A2a) Middle Name		(A3) Last Nan SINGH	ne
(A4) Date 22/06/19			(A5) Aadhaar Number(12 digits)/Aadl eligible for Aadhaar No.) 9xxx xxxx 3113	haar Enrolment Id(28 di	gits) (if	(A6) Mobile N + <b>91 993450</b>	
, ,	ail Address 162@gmail.	com	(A8) Flat/Door/Block No. <b>NEW MAINPURA</b>	(A9) Name of Premises/Building/Villa	(A9) Name of (A10) Road/Street/Post C Area/Locality Dinapur-Cum-Khagaul		•
	wn/City/Distr <b>r Cantt S.O</b>	ict	(A12) State <b>05-Bihar</b>	(A13) Country/Region <b>91-INDIA</b>		(A14) PIN Coo <b>801503</b>	de/ZIP Code
(A17) Na	ture of empl	oyment		Pensioners - Others			
(A15)(a) Filed u/s (Tick)[Please see instruction]			139(1)-On or before	due date			
(A16) Or	Filed in resp	onse to notice ι	ı/s				
	evised/defec eturn (DD/M		Receipt No. and Date of filing of				
119(2)(b)		ue Number/ Do	s 139(9)/142(1)/148/153C or order u/s cument Identification Number (DIN) &				
(A20) Do □ Yes 🔽		exercise the op	tion u/s 115BAC(6) of Opting out of ne	w tax regime ? (default	is "No")		
☐ Yes <b>☑</b> If yes, ple	No ease furnish f	following inform	under Seventh proviso to section 139 ation [Note: To be filled only if a person one or more conditions mentioned in	on is not required to fur	nish a return o	f income under	
(i) Have y	you incurred ountry for yo	expenditure of	an amount or aggregate of amount ex y other person?			0	
	y during the	l expenditure of previous year?	amount or aggregate of amount exce	eding Rs. 1 lakh on con	sumption of	0	
	condition fro	to file a return a m the drop dow	as per other conditions prescribed und n menu)	er clause (iv) of seventl	h proviso to se	ection 139(1) (If	f yes, please select the
SI No.			Nature		A	mount	
(1)			(2)			(3)	
			"E JAX	DEPAIN			
PART B	GROSS TOT	AL INCOME					
B1	i	Gross Salary (i	a + ib + ic + id + ie)			i	6,36,539
	а	Salary as per s	ection 17(1)		ia	6,36,539	

	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 $\mbox{u/s}$ 89A	ie		0	
	ii	Less allowances to the extent exempt u/s 10 [Ensure that it is included in sal $17(1)/17(2)/17(3)$ ]	ary incon	ne u/s	ii	0
*If the ret	urn is ver	ified after 30 days of transmission of return data electronically, then date of v	erificatio	n will be	consider	ed as date of filing the

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	SI. No.	Nature of Exempt Allowances	Description ( If Any	Any Other selected)			Tota	Total Amount	
	(1)	(2)	(3)					(4)	
	iia	Less : Income claimed for relief from tax	ation u/s 89A				iia	0	
	iii	Net Salary (i - ii - iia)					iii	6,36,539	
	iv	Deductions u/s 16 (iva + ivb + ivc)	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	5,86,539	
B2		Type Of House Property					B2		
	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			0		
	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	0	
В3		Income from Other Sources B3 7,						7,662	
	SI. No.	Nature of Income	Description ( If Any	Other se	ected)	Total Amount			
	(1)	(2)	(3)	(3)			(4)		
	1 [	Dividend		11/4	d .			5,568	
		nterest from Deposit(Bank/Post Office/Cooperative Society)		M		6			
	3 1	nterest from Saving Account		m			1,42		
		Quarterly breakup of Div	idend Income			ntained i		m retirement benefit ed country u/s 89A on)	
		(i) Up to 15-Jun-2023	5,568	(i)	Up to	15-Jun-2	023	0	
		(ii) From 16-Jun-2023 to 15-Sep-2023	0	(ii)	From Sep-2	16-Jun-2 2023	023 to 15-	0	
		(iii) From 16-Sep-2023 to 15-Dec-2023	0	(iii)	From 15-D	16-Sep-2 ec-2023	2023 to	0	
		(iv) From 16-Dec-2023 to 15-Mar-2024	0	(iv)		16-Dec-2 ar-2024	2023 to	0	
		(v) From 16-Mar-2024 to 31-Mar-2024	0	(v)		16-Mar-2 ar-2024	2024 to	0	
		Less: Income claimed for relief from taxa	ation u/s 89A					0	

Date of Filing: 21-Jul-2024\*

	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	5,94,201

#### PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME **System Calculated** SI.No. Section **Amount** 80C - Life insurance premia, deferred annuity, contributions to provident 0 C1 0 fund, subscription to certain equity shares or debentures, etc. C2 0 0 80CCC - Payment in respect Pension Fund С3 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.)

Ackno	wledgement Number : 839767110210724		Date of Filing: 21-Jul-2024*
C16	80GGC - Donation to Political party	O ARTHU	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: 21-Jul-2024\*

Total Income	XX	FAIRE	11.73	5,94,200
	3.790	7 7 8 9 10 10 9	1990	

EXEMI	EXEMPT INCOME (FOR REPORTING PURPOSES)								
SI. No.	Nature of Income	Description ( If Any Other selected)	Total Amount						
(1)	(2)	(3)	(4)						
Total	N/N	THE W	0						

PART D - COMPUTATION OF TAX PAYABLE						
D1	Tax payable on total income	D1	14,710			
D2	Rebate u/s 87A	D2	14,710			
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	557			
D13	Amount payable (D11-D12) (if D11>D12)	D13	0			
D14	Refund (D12 - D11) (if D12 > D11)	D14	560			

# 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	CNRB0002519	CANARA BANK	2519111003773	Savings Account

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 & F	Family	0		
	(i)	Health Insurance	0		
	(ii)	Preventive Health Checkup	0		

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(b)	Self &	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	ner any one of your parents is a senior citizen	No claiming for Parents
(a)	Paren	ts	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Paren	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
3	Eligib	le Amount of Deduction	0

Schedule 80U		Details of deduction in case of a person with disability						
SI. 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						

Schedule 80DD Details of deduction in respect of maintenance including medical treatmen disability.							a dependent who i	s a person with
SI. No.	Nature of Disability							
(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 Addr	Address	City or ddress Town or	State code	Pin code PAN of the	Am	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	City or Address Town or		State code Pin co	Pin code PAN of the	Am	Eligible Amount of			
No.	the Donee	Address	District	State code	Fill Code	Donee	Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total B								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		Am	ount of donat	tion	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 Address		City or	State code Div code PA	ARN PAN of the (Donation	Amo	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

	SCHEDULE 80GGA DETAILS OF DONATIONS FOR SCIENTIFIC RESEARCH OR RURAL DEVELOPMENT  Relevant Clause Clause City or  City or										
SI. No.	under which deduction is claimed	Name of the Donee	Address	Town or District	State Code	Pin code	code PAN of the 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								0	0	0	0

SCHED	ULE 80GGC DETA	AILS OF CONTRIBU	TION MADE TO POL	ITICAL PARTIES			
SI.	Date	An	nount of Contribut	ion	Eligible Amount of	Transaction Reference number for UPI transfer / Cheque number / IMPS	IFSC code of Bank
No.	Date	Contribution in Cash	Contribution in other mode	Total Contribution	Contribution	/ NEFT / RTGS reference number	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Total		0	0	0	0		

TAX PA	AYMENTS			
SI. No.	BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid
(1)	(2)	(3)		(5)
Total		Al assa		0

SCHED	ULE TDS1 - DETAILS OF TAX DEI	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	<u> </u>	have ofte IN	£ 50 / 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)
1	BLRC19652D	CANARA BANK	5,568	2023	557	557
Total						557

#### SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S)) **Gross receipt TDS Credit out** Name of the PAN of the SI. **Aadhaar Number** Year of tax which is subject **Tax Deducted** of (6) claimed **Tenant** Tenant of the Tenant No. deduction to tax deduction this year (5) (6) (1) (2) (3) (4) (8) (7) 0 Total

SCHEDULE TCS		

Acknowledgement Number: 839767110210724

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Total						0

Date of Filing: 21-Jul-2024\*

#### **VERIFICATION**

I, **JAIPAL SINGH** son/ daughter of **BHARAT SINGH** 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 **CBDPS0254G** 

Place: 103.151.186.177

Date: 21-Jul-2024

### If the return has been prepared by a Tax Return Preparer (TRP) 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 thereof		0