#### **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

PART A GE	NERAL IN	IFORMATION							
(A1) PAN DFMPG070	3Q		(A2) First Name RUSHIKESH		a) Middle Name PPINATH		(A3) Last Na GAPAT	(A3) Last Name GAPAT	
(A4) Date of <b>29/12/1999</b>	A4) Date of Birth (A5) Aadhaar Number(12 digits)/Aadh 29/12/1999 eligible for Aadhaar No.)				Enrolment Id(28 dig	gits) (if	(A6) Mobile + <b>91 8104</b> 1		
' '	Email Address (A8) Flat/Door/Block No. <b>nikeshgapat8@gmail.com 001, Building number 5</b>			Pre	9) Name of mises/Building/Villa x <b>mi Narayan CHS</b> l		(A10) Road, Area/Localit <b>Dahisar S.</b>		
(A11) Town/ MUMBAI	'City/Distri	ct	(A12) State <b>19-Maharashtra</b>		.3) Country/Region -INDIA		(A14) PIN C <b>400068</b>	ode/ZIP Code	
(A17) Nature	e of emplo	yment		Ot	hers				
(A15)(a) File	ed u/s (Ticl	k)[Please see in:	struction]	13	9(1)-On or before	due date			
(A16) Or File	ed in respo	onse to notice u	/s						
(A18) If revisoriginal retu			Receipt No. and Date of filing o	of					
	nter Uniqu	ue Number/ Doc	139(9)/142(1)/148/153C or or ument Identification Number (						
	u wish to		ion u/s 115BAC(6) of Opting ou	ut of new ta	ax regime ? (default	is "No")			
☐ Yes ☑ No If yes, please filing return (i) Have you	e furnish fo of income incurred	ollowing informa due to fulfilling expenditure of a	under Seventh proviso to section ation [Note: To be filled only if one or more conditions mention an amount or aggregate of amo	a person is oned in the	not required to furn seventh proviso to	· ish a return section 139(	of income und		
🗆 Yes 🗷 No	, ,	urself or for any expenditure of	other person?  amount or aggregate of amounting the second control of the second control	nt exceedir	ng Rs. 1 lakh on cons	sumption of	0		
🗆 Yes 🗷 No		previous year?		( - C.)	e m		0		
	ndition fro	to file a return a m the drop dow	s per other conditions prescrib n menu)	oed under c	lause (iv) of seventh	proviso to s	section 139(1)	(If yes, please select the	
SI No.			Nature				Amount		
(1)			(2)		(3)				
			MET	AX DE	PART				
PART B GR	OSS TOT	AL INCOME							
B1	i	Gross Salary (ia	+ ib + ic + id + ie)				i	4,52,654	
	a	Salary as per se	ection 17(1)			ia	4,52,654		
	b	Value of perqui	sites as per section 17(2)		ib		0		
c Profit in lieu of salary as per section 17(3)			ic		0				
d Income from retirement benefit account maintained in 89A		itained in a	notified country u/s	id	0				
		Income from re notified country	tirement benefit account main vu/s 89A	itained in a	country other than	ie	0		
		Less allowance: 17(1)/17(2)/17(	s to the extent exempt u/s 10 [ 3)]	[Ensure tha	t it is included in sal	ary income	u/s ii	0	

	SI. No.	Nature of Exempt Allowances	Description ( If Any Oth	ner selected)	Tota	al Amount
	(1)	(2)	(3)			(4)
	1	Sec 10(10)-Death-cum-retirement gratuity received				
	2	Sec 10(10A)-Commuted value of pension received				
	3	Sec 10(5)-Leave Travel concession/assistance				
	4	Sec 10(13A)-Allowance to meet expenditure incurred on house rent				
	iia	Less : Income claimed for relief from taxa	ation u/s 89A		iia	(
	iii	Net Salary (i - ii - iia)			iii	4,52,654
	iv	Deductions u/s 16 (iva + ivb + ivc)			iv	50,000
	а	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 'Salar	ries' (iii - iv)	<u> </u>	B1	4,02,654
2		Type Of House Property	B2			
	i	Gross rent received/ receivable/ lettable	value during the year		i	(
	ii	Tax paid to local authorities	ii		0	
	iii	Annual Value (i - ii)	'	'	iii	(
	iv	30% of Annual Value	iv		0	
	v	Interest payable on borrowed capital	v		0	
	vi	Arrears/Unrealised rent received during t	the year less 30% vi		0	
	vii	Income chargeable under the head 'Hous negative)	se Property' (iii - iv - v) + vi (	If loss, put the figure	in B2	C
3		Income from Other Sources	MINE	14	В3	10,004
	SI. No.	Nature of Income	Description ( If Any Oth	ner selected)	Tota	al Amount
	(1)	(2)	(3)			(4)
	1	Interest from Saving Account	Ja Jen		-7	10,004
		Quarterly breakup of Divi	dend Income Q	account maintaine	ed in a notific	m retirement benefit ed country u/s 89A
		777	AX DEPAY	(ta	axable portic	on)

		(i)	Up to 15-Jun-2023	0	(i)	Up to 15-Jun-2023	3	0
		(ii)	From 16-Jun-2023 to 15-Sep-2023	0	(ii)	From 16-Jun-2023 Sep-2023	to 15-	0
		(iii)	From 16-Sep-2023 to 15-Dec-2023	0	(iii)	From 16-Sep-2023 15-Dec-2023	3 to	0
		(iv)	From 16-Dec-2023 to 15-Mar-2024	0	(iv)	From 16-Dec-202 15-Mar-2024	3 to	0
		(v)	From 16-Mar-2024 to 31-Mar-2024	0	(v)	From 16-Mar-2024 31-Mar-2024	4 to	0
=	L	ess: Incon	ne claimed for relief from taxation u/	s 89A				0
-	Le	ess: Dedu	ction u/s 57(iia) (in case of family pe	nsion 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						4,12,658	

#### 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	s ///	0
C12	80EEB - Deduction in respect of purchase of electric vehicle	0	0

Acknowledgement Number: Date of Filing:

C13	80G - Donations to certain funds, charitable institutions, etc (Please fill 80G schedule.This field is auto-populated from schedule 80G.)	ARTMIL 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
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

Total Income 4,12,660

EXEM	KEMPT INCOME (FOR REPORTING PURPOSES)							
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	8,133				
D2	Rebate u/s 87A	D2	8,133				
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	IFS Code of the Bank Name of the Bank Accou		Type of account
(1)	(2)	(3)	(4)	(5)
1	KKBK0001358	KOTAK MAHINDRA BANK	5345988594	Savings Account

SCHEDULE 80D							
1	Whethe	hether you or any of your family member (excluding parents) is a senior citizen?					
(a)	Self & I	Family	0				
	(i)	Health Insurance	0				
	(ii)	Preventive Health Checkup	0				

<sup>\*</sup>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)."

(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				
(a)	Parer	nts	0			
	(i)	Health Insurance	0			
	(ii)	Preventive Health Checkup	0			
(b)	Parents including Senior Citizen					
	(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			

Sched	ule 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					

Sch	Schedule 80DD Details of deduction in respect of maintenance including medical treatment of a dependent who is a person wit disability.								
SI. No.	Nature of Disability	Amount of Deduction	Type of dependent	PAN of the dependent	Aadhaar of the dependent	Date of filing of Form 10IA	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	ZAN OF THE		Am	ount of dona	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 codo	Pin code PAN of the		ount of dona	tion	Eligible Amount of
No.	the Donee	Address	District	State code			Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
Total B	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	Amount of donat		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			ARN PAN of the (Donation		Amo	ount of dona	ition	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			/ /	1ºcon	1		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		Code Pin code PAN of the	Amount of Donation				
No.	which deduction is claimed	the Donee	Address	Town or District	State Code	Pin 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)
otal	I	<u> </u>						0	0	0	

SCHED	ULE 80GGC DETA	AILS OF CONTRIBUT	TION MADE TO POL	ITICAL PARTIES			
SI.	Date	An	nount of Contributi	ion	Eligible Amount of	Transaction Reference number for UPI transfer / Cheque number / IMPS	
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)	(4)	(5)
Total		Al assa		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				

Acknowledgement Number : Date of Filing :

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

#### **VERIFICATION**

I, RUSHIKESH GOPINATH GAPAT son/ daughter of GOPINATH GAPAT 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 DFMPG0703Q

Place: 163.116.213.75

Date: 31-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