Date of Filing: 26-Jul-2024\*

### 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	A GENERAL II	NFORMATION					
(A1) PA	N <b>6372G</b>		(A2) First Name RAVINDRANATH	(A2a) Middle Name	(A3) Last N SANDEEP		
(A4) Da	ite of Birth 1986		(A5) Aadhaar Number(12 digits)/Aadl eligible for Aadhaar No.) 8xxx xxxx 5630	naar Enrolment Id(28 digits) (if	(A6) Mobile No +91 7975062764		
(A7) Email Address sandeepec035@gmail.com		ail.com	(A8) Flat/Door/Block No. 10 11	(A9) Name of Premises/Building/Village 1st cross KEB road soudamini layout konankunte	(A10) Road/Street/Post Office, Area/Locality Doddakallasandra S.O Bangalore South		
(A11) T BANGA	own/City/Distr <b>ALORE</b>	ict	(A12) State 15-Karnataka	(A13) Country/Region <b>91-INDIA</b>	, , , , , , , , , , , , , , , , , , , ,		
(A17) Nature of employment				Others			
(A15)(a	) Filed u/s (Tic	k)[Please see in	struction]	139(1)-On or before due date			
(A16) C	r Filed in resp	onse to notice u	/s				
	revised/defectors return (DD/M		Receipt No. and Date of filing of				
119(2)(		ue Number/ Do	s 139(9)/142(1)/148/153C or order u/s cument Identification Number (DIN) &				
(A20) D <b>✓</b> Yes <b></b>		exercise the op	tion u/s 115BAC(6) of Opting out of ne	w tax regime ? (default is "No")	-1		
✓ Yes ☐ If yes, p filing re (i) Have	No lease furnish turn of income you incurred	following inform e due to fulfilling	under Seventh proviso to section 139 ation [Note: To be filled only if a perso one or more conditions mentioned in an amount or aggregate of amount ex other person?	on is not required to furnish a return on the seventh proviso to section 139(1	of income und		
electric	e you incurred ity during the	l expenditure of previous year?	amount or aggregate of amount exce		0		
	you required it condition fro	to file a return a	s per other conditions prescribed und n menu)	er clause (iv) of seventh proviso to se	ection 139(1)	(If yes, please select the	
SI No.			Nature	A	mount		
(1)			(2)	(3)			
1	during the pre	evious year, in t	d at source and tax collected at sourc he case of the person, is twenty-five y thousand for resident senior citizen)	e		55,663	
DART	CDOSS TO	AL INCOME					
B1	GROSS TOT		a + ib + ic + id + ie)		i	13,18,266	
DI	, , , , , , , , , , , , , , , , , , ,	Gross Salary (II			<u></u>	13,10,200	

Date of Filing: 26-Jul-2024\*

	а	Salary as per section 17(1)		ia	13,18,266	
	b	Value of perquisites as per section 17(2)		ib	0	
	С	c Profit in lieu of salary as per section 17(3) ic			0	
	Income from retirement benefit account maintained in a notified country u/s and d			0		
	е	Income from retirement benefit account ma notified country u/s 89A	intained in a country other than	ie	0	
	ii	Less allowances to the extent exempt u/s 10 17(1)/17(2)/17(3)]	Ensure that it is included in sal	ary income	u/s ii	2,27,917
	SI. No.	Nature of Exempt Allowances	Description ( If Any Other sele	cted)	Tota	al Amount
	(1)	(2)	(3)			(4)
		Sec 10(13A)-Allowance to meet expenditure incurred on house rent				227917
	iia	Less : Income claimed for relief from taxation u/s 89A		iia	0	
	iii	Net Salary (i - ii - iia)			iii	10,90,349
	iv	Deductions u/s 16 (iva + ivb + ivc)			iv	53,100
	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	3,100	
	v	Income chargeable under the head 'Salaries	' (iii - iv)		B1	10,37,249
B2		Type Of House Property			B2	
	i	Gross rent received/ receivable/ lettable val	ue 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	संयमित्र वसते हुन	_	0	
	V Interest payable on borrowed capital					
	vi Arrears/Unrealised rent received during the year less 30% vi				0	
	vii	Income chargeable under the head 'House F negative)	Property' (iii - iv - v) + vi (If loss, p	out the figure	e in B2	0
В3		Income from Other Sources			В3	20,861

Pate of Filling . 20-Jul-2024									
	SI. Io.	Nature of Income			Description ( If Any	Other selec	ted)	Tota	al Amount
(1)			(2)		(3)	(3)		(4)	
1		Interest from Income Tax Refu		ome Tax Refund				38	
2	2 Interest from Savin		ing Account					716	
3			est from Dep e/Cooperativ	oosit(Bank/Post e Society)					20,107
			Qu	arterly breakup of Div	idend Income				m retirement benefit ed country u/s 89A on)
			(i)	Up to 15-Jun-2023	0	(i)	Up to	15-Jun-2023	0
			(ii)	From 16-Jun-2023 to 15-Sep-2023	0	(ii)	From Sep-2	16-Jun-2023 to 15- 023	0
			(iii)	From 16-Sep-2023 to 15-Dec-2023	0	(iii)		16-Sep-2023 to c-2023	0
			(iv)	From 16-Dec-2023 to 15-Mar-2024	0	(iv)		16-Dec-2023 to r-2024	0
			(v)	From 16-Mar-2024 to 31-Mar-2024	0	(v)		16-Mar-2024 to r-2024	0

	Less: Income claimed for relief from taxation u/s 89A		0
	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 $$	B4	10,58,110

### 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.	98,125	98,125
C2	80CCC - Payment in respect Pension Fund	6,000	6,000
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	53,000	25,000
C7	80DD - Maintenance including medical treatment of a dependent who is a person with disability	75,000	75,000

C8	80DDB - Medical treatment of specified disease -	ARTMI	0
C9	80E - Interest on loan taken for higher education	1,75,000	1,75,000
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	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.)	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	716	716
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)	4,07,841	3,79,841

Date of Filing: 26-Jul-2024\*

Total Income	XX	TATILITY .	1/3/	6,78,270
	3.291	7 GS 1F WW. St	15%)	

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

PART D - COMPUTATION OF TAX PAYABLE					
D1	Tax payable on total income	D1	48,154		
D2	Rebate u/s 87A	D2	0		
D3	Tax after rebate	D3	48,154		
D4	Health and education Cess @4% on D3	D4	1,926		
D5	Total Tax and Cess	D5	50,080		
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	50,080		
D12	Total Taxes Paid	D12	55,663		
D13	Amount payable (D11-D12) (if D11>D12)	D13	0		
D14	Refund (D12 - D11) (if D12 > D11)	D14	5,580		

# 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	ICIC0000551	ICICI BANK LIMITED	055101548760	Savings Account

SCHEDULE 80D				
1	Whethe	er you or any of your family member (excluding parents) is a senior citizen?	No	
(a)	Self & I	Family	25,000	
	(i)	Health Insurance	50,000	
	(ii)	Preventive Health Checkup	3,000	

<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 &	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	'es
(a)	Paren	its	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Paren	its 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	25,000

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					

Schedule 80DD Details of deduction in respect of maintenance including medical treatment of a dependent who is a person with disability.								s a person with
SI. No	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							UDID Number (If available)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Dependent person with disability	75,000	Brother	FWDPS3939G	816339042541			KA18908198700642 21

### 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 I lown or State code   Pin code	PAN of the	Am	ount of dona	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 A	otal A							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 code		PAN of the	Am	ount of dona	tion	Eligible Amount of		
No.	the Donee	Address	District	State code	Pili 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	Fotal 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	City or Address Town or State code Pin code		Am	ount of dona	tion	Eligible Amount of					
No.	the Donee	Address	District	State code	Pin code	Donee	Donation in cash	Donation in other mode	onation in Total ther mode donation			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)		
Total C				0		3. 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	Amount of donation			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	otal D 0 0							0			
E. Total Amount of Donations (A + B + C + D) 0 0										0	

	Relevant Clause SI. under Name of Address City or State Code Binards PAN of the										
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								0	0	0	0

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

TAX PA	TAX PAYMENTS									
SI. No.	BSR Code	Date of Deposit (DD/MM/YYYY)	Serial Number of Challan	Tax paid						
(1)	(2)	(3)	(4)	(5)						
Total	rotal 0									

SCHEE	OULE 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)
1	PNEA04643C	KLUG AVALON MECHATRONICS PRIVATE LIMITED	10,88,251	55,663
Total		1138 0	325	55,663

# 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

SCHED	SCHEDULE TDS3 DETAILS OF TAX DEDUCTED AT SOURCE (AS PER FORM 16C FURNISHED BY THE PAYER(S))									
SI. No.	Tanant Which is subject 124 Deducted of (6)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
Total							0			

SCHEDULE TCS			

Acknowledgement Number: 981269020260724

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: 26-Jul-2024\*

#### **VERIFICATION**

I, **RAVINDRANATH SANDEEP SINGH** son/ daughter of **RAVINDRANATH CHANDRABHAN 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 **DNLPS6372G** 

Place: 14.142.50.66 Date: 26-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 t	0	