Date of Filing: 29-Jul-2023*

FORM ITR1 SAHAJ

INDIAN INCOME TAX RETURN

[For Individuals, HUFs and Firms (other than LLP) being a resident having total income upto Rs.50 lakh and having income from business and profession which is computed under sections 44AD, 44ADA or 44AE][Not for an individual who is either Director in a company or has invested in unlisted equity shares or if income-tax is deferred on ESOP or has agricultural income more than Rs.5000](Please refer instructions for eligibility)

Assessment Year 2023 - 24

PART A	A GENERAL INFORMATION			
(A1) PA	N S2411F	(A2) First Name SURAJ	(A2a) Middle Name KUMAR	(A3) Last Name SAMANTA
(A4) Da 05/03/	ate of Birth 1984	(A5) Aadhaar Number(12 digits)/Aadl eligible for Aadhaar No.) 2xxx xxxx 0592	naar Enrolment Id(28 digits) (if	(A6) Mobile No +91 8013573583
	nail Address samanta@gmail.com	(A8) Flat/Door/Block No. 272, 273	(A9) Name of Premises/Building/Village Abasbari (Kadamtala)	(A10) Road/Street/Post Office, Area/Locality Abasbari EAST MIDNAPORE
(A11) T Tamlu	own/City/District k H.O	(A12) State 32-West Bengal	(A13) Country/Region 91-INDIA	(A14) PIN Code/ZIP Code 721636
(A17) N	lature of employment		Others	
(A15)(a	n) Filed u/s (Tick)[Please see in	nstruction]	139(1)-On or before due date	
(A16) C	Or Filed in response to notice (ı/s		
	f revised/defective then enter I return (DD/MM/YYYY)	Receipt No. and Date of filing of		
119(2)(s 139(9)/142(1)/148/153C or order u/s cument Identification Number (DIN) &		
(A20) A □ Yes N	re you opting for new tax reg ☑ No	ime u/s 115BAC?		
Yes If yes, p	Z No lease furnish following inform	under Seventh proviso to section 139 nation [Note: To be filled only if a perso g one or more conditions mentioned in	on is not required to furnish a return o	of income under section 139(1) but
	country for yourself or for an	an amount or aggregate of amount ex y other person?	cceeding Rs. 2 lakhs for travel to a	0
	ity during the previous year?	f amount or aggregate of amount exce	eding Rs. 1 lakh on consumption of	0
	nt condition from the drop dov	as per other conditions prescribed und vn menu)	er clause (iv) of seventh proviso to se	ction 139(1) (If yes, please select the
SI No.		Nature	A	mount
(1)		(2)		(3)
		VIVETAV	DEDARIT	

PART B	GROSS T	OTAL INCOME			
В1	i	Gross Salary (ia + ib + ic + id + ie)	i	5,09,845	
	a	Salary as per section 17(1)	ia	5,09,845	
	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 $17(1)/17(2)/17(3)$]	lary income u/s	ii	1,08,000

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	SI. No.	Nature of Exempt Allowances		Description (If Any Other selected)				Total Amount		
	(1)	(1) (2)		(3)				(4)		
			owance to meet urred on house rent						108000	
	iia	Less : Income	claimed for relief from tax	ation u/s 89A		'	iia		(
	iii	Net Salary (i	· ii - iia)				iii		4,01,845	
	iv	Deductions u	/s 16 (iva + ivb + ivc)				iv		52,350	
	a	Standard ded	uction u/s 16(ia)			iva	50	0,000		
	b	Entertainmer	it allowance u/s 16(ii)			ivb		0		
	С	Professional t	ax u/s 16(iii)			ivc	2	2,350		
	v	Income charg	eable under the head 'Sala	ries' (iii - iv)			B1		3,49,495	
B2		Type Of Hous	e Property				B2			
	i	Gross rent re	ceived/ receivable/ lettable	value during the year	-		i		(
	ii	Tax paid to lo	cal authorities		ii		l	0		
	iii	Annual Value	(i - ii)				iii		(
	iv	30% of Annua	al Value		iv		l	0		
	v	Interest paya	ble on borrowed capital		v			0		
	vi	Arrears/Unrea	alised rent received during	the year less 30%	vi					
	vii	Income charg	eable under the head 'Hou	se Property' (iii - iv - v) + vi (If loss, put the figure i			gure in B2			
В3		Income from	Other Sources	a 10			В3		1,193	
	SI. No.	Nature of Income		Description (If Any Other selected)				Total Amount		
	(1)	(2)		(3)				(4)		
	1	Interest from In	come Tax Refund	MARKE M				0		
	2	Interest from Sa	ving Account					1,19		
		C	Quarterly breakup of Div	idend Income				notifie	n retirement benefit ed country u/s 89A n)	
		(i)	Up to 15-Jun-2022	28 6	0 (i)	Up to 1	.5-Jun-2022		C	
		(ii)	From 16-Jun-2022 to 15-Sep-2022		0 (ii)	From 1 Sep-20	.6-Jun-2022 22	to 15-	C	
		(iii)	From 16-Sep-2022 to 15-Dec-2022	IAX DEP	0 (iii)	From 1 15-Dec	.6-Sep-2022 :-2022	to	C	
		(iv)	From 16-Dec-2022 to 15-Mar-2023		0 (iv)	From 1 15-Mar	.6-Dec-2022 -2023	to!	C	
		(v)	From 16-Mar-2023 to 31-Mar-2023		0 (v)	From 1 31-Mar	.6-Mar-2023 ⁻ -2023	to	C	
		Less: Income	claimed for relief from tax	ation u/s 89A					C	

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	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	3,50,686

PART C - DEDUCTIONS AND TAXABLE TOTAL INCOME **System Calculated** SI.No. Section **Amount** 80C - Life insurance premia, deferred annuity, contributions to provident 88,880 C1 88,880 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 11.096 11,096 80D - Deduction in respect of health insurance premia 80DD - Maintenance including medical treatment of a dependent who is a 0 C7 0 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 80EE - Interest on loan taken for residential house property 0 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.)

C16	80GGC - Donation to Political party	ARTIMO	0
C17	80TTA - Interest on deposits in saving bank Accounts	1,191	1,191
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)	1,01,167	1,01,167

Date of Filing: 29-Jul-2023*

Total Income	3/3/		11.74	2,49,520	
	270	1.66 是 放乳机	(58)		

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

	"IT IN DEDAIN.		
PART D	- COMPUTATION OF TAX PAYABLE		
D1	Tax payable on total income	D1	0
D2	Rebate u/s 87A	D2	0
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
	· · · · · · · · · · · · · · · · · · ·		<u> </u>

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	Select Account for Refund Credit
(1)	(2)	(3)	(4)	(5)
1	SBIN0000193	STATE BANK OF INDIA	33223278130	Ø
2	INDB0000587	INDUSIND BANK	158013573583	

SCHEDULE	80D		
1	Whethe	er you or any of your family member (excluding parents) is a senior citizen?	No
(a)	Self & F	amily	11,096
	(i)	Health Insurance	11,096

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Eligible Amount of Deduction

3

Acknow	ledgemen	t Number : 817713610290723	Date of Filing: 29-Jul-2023*
	(ii)	Preventive Health Checkup	0
(b)	Self & F	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	Whethe	er any one of your parents is a senior citizen	No claiming for Parents
(a)	Parents		0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Parents	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

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)

11,096

SI. No.	Name of	Address	City or Town or	State code	Pin code	PAN of the			Amount of donation		
	the Donee	Address	District	State code	Pin code	Donee	Donation in cash		Total donation	Amount of 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	me of Address City or State code Pin code		PAN of the	Amount of donation			Eligible Amount of		
No.	the Donee	Address	District	State code	riii code		Donation in cash	Donation in other mode	Total donation	Donation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(10)	(11)	(12)
					1	1		'		

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	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 C

0

0

0

0

				ICTION SUBJ MANDATORY	•	ALIFYING LIN	1IT (WHERE	ANY ROW IS	FILLED BY	THE USER,	ALL THE
SI.	Name of	Address	City or Town or District	State code	Pin code	PAN of the Donee	ARN (Donation Reference Number)	Amount of donation			Eligible
No.	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 D 0 0 0										0	
E. Total	E. Total Amount of Donations (A + B + C + D)										



	JULE OUGGA	DETAILS	OF DUNAII	ONS FOR SC	IENTIFIC RES	EARCH OR F	RURAL DEVEL	OPMENT.				
SI. No.	Relevant Clause under which deduction is claimed	Name of the Done	Addres	City or s Town or District		Pin code	PAN of the Donee	ee Donation Donation To		tion Total Donation	Eligible Amount of Donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
otal								0	0	0		
TAX P	AYMENTS											
SI.					1. (55 (55)			4 11				
No.		BSR Code		Date of Dep	osit (DD/MM/	YYYY) S	erial Numbe	r of Challan		Tax paid	l 	
(1)		(2)			(3)		(4) (5)					
otal												
SCUE!	NIII E TDS1 -	DETAILS	OE TAY DEI	DUCTED AT S	OUDCE EDOM	I SALADV TA	S DED EODM	16 ISSUED	BY EMDI OV	ED/C\1		
SI. No.		of the Ded			of the Deducto	le.	ncome charge	eable under		Total Tax Deducted		
(1)		(2)			(3)						(5)	
otal												
otal												
	OULE TDS2 - CTOR(S)]	DETAILS	OF TAX DEI	DUCTED AT S	OURCE FROM	I INCOME O	THER THAN S	SALARY [AS	PER FORM	16A ISSUED	ВҮ	
SI. No.	TAN of the Deductor Name			of the ictor	iross receipt is subject to deduction	tax	Year of tax deduction Tax De		Deducted		edit out of ed this yea	
(1)	(2)	(3	3)	(4)		(5)		(6)		(7)	
otal				1	M sk sis M							
					M. C. in	मूला 💆			THE PERSON NAMED IN			
SCHEE	OULE TDS3	DETAILS O	F TAX DEDI	UCTED AT SC	URCE (AS PE			BY THE PA	YER(S))			
SI. No.	PAN of Tenar		dhaar Num of the Tena		Topont which				r of tax luction Tax Deducted		Credit out 6) claimed his year	
(1)	(2)		(3)	(4)		(5)			(7)		(8)	
otal												
SCUE!	OULE TCS											
	Tax Col	lection	Nama	of the	Gross paym	ent	Voor of toy			TCE Cross	:+ o+ o.f /	
SI. No.	Account N the Col			of the ector	which is subject to tax collection Year of tax collected			it out of (
(1)	(2)	(3	3)	(4)		(5)		(6)		(7)	
otal												

Acknowledgement Number: 817713610290723 Date of Filing: 29-Jul-2023*

I, **SURAJ KUMAR SAMANTA** son/ daughter of **BIRESH SAMANTA** 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 **EMWPS2411F**

Place: 47.11.211.182

Date: 29-Jul-2023

	ive further details below:

in the return has been prepared by a rax neturn rieparer (TNV) 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							