Date of Filing: 07-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 GI | ENERAL II | NFORMATION | | | | | |
|--|--|--|--|--|---|----------------------------------|---|
| (A1) PAN APUPA272 | 28Q | | (A2) First Name DIMPLE | (A2a) Middle Name | | (A3) Last Na ARYA | me |
| (A4) Date o | | | (A5) Aadhaar Number(12 digits)/Aac eligible for Aadhaar No.) 5xxx xxxx 5523 | lhaar Enrolment Id(28 di | gits) (if | (A6) Mobile + 91 86980 | |
| (A7) Email dimpleary | | ail.com | (A8) Flat/Door/Block No. B 1106,,Alkasa Apartment | (A9) Name of Premises/Building/Villa | ge | Area/Locality Opp Mohar | Street/Post Office, y nmadwadi Police hammadwadi |
| (A11) Towr Pune | n/City/Distr | ict | (A12) State 19-Maharashtra | (A13) Country/Region 91-INDIA | | (A14) PIN Co 411060 | ode/ZIP Code |
| (A17) Natu | re of empl | oyment | | Others | | | |
| | | k)[Please see in | | 139(1)-On or before | due date | е | |
| | | | Receipt No. and Date of filing of | | | | |
| | d in respoi enter Uniq | nse to notice u/s ue Number/ Doc | 139(9)/142(1)/148/153C or order u/s tument Identification Number (DIN) & | | | | |
| | ou wish to | | tion u/s 115BAC(6) of Opting out of n | ew tax regime ? (default | is "No") | | |
| ☐ Yes ☑ No If yes, pleas filing return (i) Have yo foreign cou ☐ Yes ☐ No (ii) Have yo electricity o ☐ Yes ☐ No (iv) Are you | ose furnish for of income unicurred intry for you on uncurred during the output of the | following information to due to fulfilling expenditure of ourself or for any expenditure of previous year? | amount or aggregate of amount exc s per other conditions prescribed uno | on is not required to furn the seventh proviso to xceeding Rs. 2 lakhs for eeding Rs. 1 lakh on con | ish a retu section 13 travel to a sumption | of income under a second of 0 | er section 139(1) but |
| SI No. | | | Nature | | | Amount | |
| (1) | | | (2) | | | (3) | |
| | | | 7 7 77 | | | | |
| PART B GI | ROSS TOT | AL INCOME | | | | | |
| B1 | i | Gross Salary (ia | a + ib + ic + id + ie) | | | i | 7,31,699 |
| | а | Salary as per s | ection 17(1) | | ia | 7,31,699 | |
| | b | Value of perqui | sites as per section 17(2) | | ib | 0 | |
| | С | | salary as per section 17(3) | | ic | | |
| d Income from retirement benefit account maintained 89A | | | | in a notified country u/s | id | 0 | |
| | е | Income from re | tirement benefit account maintained / u/s 89A | in a country other than | ie | 0 | |
| | | | | | | | |

| | ii | Less allowances to the extent exemp 17(1)/17(2)/17(3)] | t u/s 10 [Ensure that it is i | ncluded in s | alary inc | ome u/s | ii | C | | |
|----|------------|--|--|--|-----------|---------|------------|-----------|--|--|
| | SI. No. | Nature of Exempt Allowances | Description (If Ar | ny Other se | ected) | | Tota | al Amount | | |
| | (1) | (2) | (3 | 3) | | (4) | | | | |
| | iia | Less : Income claimed for relief from | taxation u/s 89A | | | | iia | C | | |
| | iii | Net Salary (i - ii - iia) | | | | | iii | 7,31,699 | | |
| | iv | 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 'S | Salaries' (iii - iv) | | | ı | B1 | 6,81,699 | | |
| 32 | | Type Of House Property | B2 | | | | | | | |
| | i | Gross rent received/ receivable/ letta | lettable value during the year | | | | | C | | |
| | ii | Tax paid to local authorities | | ii | | | 0 | | | |
| | iii | Annual Value (i - ii) | | | | | iii | C | | |
| | iv | 30% of Annual Value | | iv | | | 0 | | | |
| | v | Interest payable on borrowed capital | | v | , | | 0 | | | |
| | vi | Arrears/Unrealised rent received duri | ng the year less 30% | vi | | | 0 | | | |
| | vii | Income chargeable under the head 'h negative) | House Property' (iii - iv - v) | + vi (If loss, put the figure ir | | | B2 | C | | |
| 33 | | Income from Other Sources | | S.A. | | | В3 | 5,907 | | |
| | SI. No. | Nature of Income | Description (If Ar | ny Other se | ected) | | Tota | al Amount | | |
| | (1) | (2) | (3 | 3) | | | | (4) | | |
| | 1 | Interest from Saving Account | Interest from Saving | Account | | | | 5,887 | | |
| | 2 | Interest from Deposit(Bank/Post Office/Cooperative Society) | Interest from Deposit Office/Cooperative So | | | 4 | 16 | | | |
| | 3 | Dividend | Dividend | Dividend | | | -7 | 4 | | |
| | | Quarterly breakup of I | ntained | f Income from retirement benefit d in a notified country u/s 89A exable portion) | | | | | | |
| | | - V/ | E TAX DEPA | | | (taxe | ible porti | on) | | |

| | | (i) | Up to 15-Jun-2023 | 4 | (i) | Up to 15-Jun-2 | 023 | 0 |
|----|---|------------|---------------------------------|---------------|-------|------------------------------|------------|----------|
| | | (ii) | From 16-Jun-2023 to 15-Sep-2023 | 0 | (ii) | From 16-Jun-20 Sep-2023 | 023 to 15- | 0 |
| | | (iii) | From 16-Sep-2023 to 15-Dec-2023 | 0 | (iii) | From 16-Sep-2 15-Dec-2023 | 023 to | 0 |
| | | (iv) | From 16-Dec-2023 to 15-Mar-2024 | 0 | (iv) | From 16-Dec-2 15-Mar-2024 | .023 to | 0 |
| | | (v) | From 16-Mar-2024 to 31-Mar-2024 | 0 | (v) | From 16-Mar-2 31-Mar-2024 | 024 to | 0 |
| | L | ess: Incom | e claimed for relief from taxa | ation u/s 89A | 1 | , | | 0 |
| | L | | 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 | | | | | | | 6,87,606 |

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 | 25 JJJ 0 | 0 |
| C12 | 80EEB - Deduction in respect of purchase of electric vehicle | 0 | 0 |

^{*}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)."

| ACKIIO | wiedgement Number : 613582550070724 | Date of Filing : 07-Jui-2024* | |
|--------|---|-------------------------------|---|
| 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 | 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: 07-Jul-2024*

| ACKIIC | owiedgement Number : 0133023 | 30070724 | | | Date of Filling : 07-jui-2024 | | | | |
|------------|---|---------------------------------------|-----------------------|-----------|-------------------------------|--|--|--|--|
| Total I | income | | | | 6,87,610 | | | | |
| EXEM | PT INCOME (FOR REPORTING PU | RPOSES) | Ka Pan | | | | | | |
| SI. No. | Nature of Income | Description (If A | ny Other selected) | | Total Amount | | | | |
| (1) | (2) | (| 3) | | (4) | | | | |
| Total | 1 | Non | MEN | > / | 0 | | | | |
| | | METAVIN | DARIN | | | | | | |
| PART | D - COMPUTATION OF TAX PAYA | ABLE | | | | | | | |
| D1 | Tax payable on total income | | D | 1 | 23,761 | | | | |
| D2 | Rebate u/s 87A | | D | 2 | 23,761 | | | | |
| D3 | Tax after rebate | | D | 3 | 0 | | | | |
| D4 | Health and education Cess @ | 4% on D3 | D | 4 | 0 | | | | |
| D5 | Total Tax and Cess | | D | 5 | 0 | | | | |
| D6 | Relief u/s 89 (Please ensure t | o submit Form 10E to claim this relie | ef) D | 6 | 0 | | | | |
| D7 | Interest u/s 234A | | D | 7 | 0 | | | | |
| D8 | Interest u/s 234B | | D | 8 | 0 | | | | |
| D9 | Interest u/s 234C | | D | 9 | 0 | | | | |
| D10 | Fee u/s 234F | | D | 10 | 0 | | | | |
| D11 | Total Tax, Fee and Interest (D | D5 + D7 + D8 + D9 + D10 - D6) | D | 11 | 0 | | | | |
| D12 | Total Taxes Paid | | D | 12 | 0 | | | | |
| D13 | Amount payable (D11-D12) (i | f D11>D12) | D | 13 | 0 | | | | |
| D14 | Refund (D12 - D11) (if D12 > | D11) | D | 14 | 0 | | | | |
| | | | | | | | | | |
| | E - OTHER INFORMATION DETAI LUDING DORMANT ACCOUNTS) | LS OF ALL BANK ACCOUNTS HEL | D IN INDIA AT ANY TIN | 4E DURING | THE PREVIOUS YEAR | | | | |
| SI. No. | IFS Code of the Bank | Name of the Bank | Account Num | ber | Type of account | | | | |
| (1) | (2) | (3) | (4) | | (5) | | | | |
| 1 | KKBK0000159 | KOTAK MAHINDRA BANK | 01590 | 030002799 | Others | | | | |
| 2 | HDFC0000837 | HDFC BANK | 08371 | 270000441 | Others | | | | |
| | | | | | | | | | |
| SCHE | DULE 80D | | | | | | | | |
| 1 | Whether you or any of your fa | amily member (excluding parents) is | a senior citizen? | N | o claiming for Self/Family | | | | |
| (a) | Self & Family | Self & Family | | | | | | | |
| | (i) Health Insurance | | | | 0 | | | | |

^{*}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)."

| | (ii) | Preventive Health Checkup | 0 |
|-----|--------|---|-------------------------|
| (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 | 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 |

| 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 | | | | | | | |

| Sch | hedule 80DD Details of deduction in respect of maintenance including medical treatment of a dependent who is a person with 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 | Chata and | Pin code PAN of the Donee | PAN of the | Am | Eligible | | |
|---------|-----------|---------|---------------------|------------|---------------------------|------------------|------------------------|-------------------|-----------------------|------|
| No. | the Donee | Address | Town or District | State code | | Donation in cash | Donation in other mode | 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 | of Address | City or Town or | State code | | PAN of the | | ount of dona | 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 | | | | | | | 0 | 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 | Ca-taa-la | Discount of | PAN of the | Am | ount of donat | Eligible | | |
|---------|-----------|---------|---------------------|------------|-------------|------------|------------------|------------------------|-------------------|-----------------------|--|
| No. | 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) | (9) | (10) | (11) | (12) | |
| Total C | | | | N | | B 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 (Donat | | ARN (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 0 0 | | | | | | | | 0 | | | |
| E. Tota | l Amount of D | onations (A - | + B + C + D) | | (E TA) | (DEPA | | 0 | 0 | 0 | 0 |

| SI. | Relevant Clause under Name of | City or | | | | PAN of the | Amount of Donation | | | Eligible | |
|-----|-------------------------------|-----------|---------|---------------------|------------|------------|--------------------|------------------|------------------------------|-------------------|-----------------------|
| No. | | 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) |

| SCHED | SCHEDULE 80GGC DETAILS OF CONTRIBUTION MADE TO POLITICAL PARTIES | | | | | | | |
|-------|--|-------------------------|----------------------------|-----------------------|-----------------------|--|--------------|--|
| SI. | Date | An | nount of Contribut | 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 PAYMENTS | | | | | | |
|--------------|----------|------------------------------|--------------------------|----------|--|--|
| SI. No. | BSR Code | Date of Deposit (DD/MM/YYYY) | Serial Number of Challan | Tax paid | | |
| (1) | (2) | (3) | (4) | (5) | | |
| Total | | 0 | | | | |

| SCHEE | SCHEDULE TDS1 - DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [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 | MUMI08850C | VODAFONE IDEA LIMITED | 7,31,699 | 0 | | | |
| Total | 1 | 1180 | 329 | 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)) **TDS Credit out** Name of the **Gross receipt** 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 (8) (1) (2) (3) (4) (5) (6) (7) 0 Total

| SCHEDULE TCS | | |
|--------------|--|--|
| | | |

Acknowledgement Number: 613582550070724

| 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: 07-Jul-2024*

VERIFICATION

I, **DIMPLE ARYA** son/ daughter of **ASHOK ARYA** 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 **APUPA2728Q**

Place: PUNE

Date: 07-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 |



