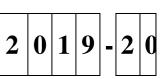
FORM

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 **Assessment Year**



ITR-4 **SUGAM**

sections 44AD, 44ADA or 44AE] [Not for an individual who is either Director in a company or has invested in unlisted equity shares] (Please refer instructions for eligibility)

PART A GENERAL INF	ORMATION													
(A1) First Name	(A2) Middle N	Name	(A3	8) Last Na	ame			(A4	4) Perm	anent	t Acco	unt Nu	ımbei	r
(A5) Date of Birth/Formation (DD/MM/YYYY)							(A6	6) Flat/l	Door/	Block	No.		
(A7) Name of Premises/ Buildi	ng/ Village		(A8) Road	l/Street/I	Post Of	fice		(A9	9) Area	/locali	ity			
(A10) Town/City/District		(A11) State	e	(A12) Coun	try		(A13) Pin code/Zip code						
(A14) Aadhaar Number (12 dig	rit)/ Aadhaar En	olment Id (2	28 digit) (if o	eligible f	or Aad	haar)		(A1	15) Stat	us				
									lividual		HUF	Fir	m (oth	ler
									LLP)			4 / 10		
	6) Residential/Office Phone Number with STD code/ (A17) Mobile No. 2 Mobile No.1							(A)	18) Ema	ail Ad	dress-	I (self))	
Wobie							-	Em	ail Add	lress -	-2			
											-			
(A19) Nature of employment -	(A19) Nature of employment - Govt. PSU Pensioners Others													
(A20) Filed u/s (<i>Tick</i>)			On or befor			39(4)	-After du	e da	te, 🗆 1	39(5)	-Revis	ed Ret	urn,	
[Please see instruction]-	,		after condo		v	1 4 5 2	a							
Or Filed in response to notice u					53A L	153								
(A21)If revised/defective then and Date of filing of												7	7	
(DD/MM/YYYY)	original rec											'	'	
(A22)If filed in response to no	tice u/s 139(9) /1	42(1)/148/1	53A/153C o	or order	u/s 119)(2)(b)- enter			,		,		
Unique Number & Date of such	n Notice or Orde	r								/	/			
	A23) Whether this return is being filed by a representative assessee? (<i>Tick</i>) 🗹 🗆 Yes 🔹 No													
	If yes, please furnish following information - (1) Name of the representative													
	 (1) Name of the representative (2) Capacity of the representative 													
	(2) Capacity of the representative (3) Address of the representative													
(4) Permanent Account Numb		representati	ive											
PART B GROSS TOTAL IN		- <u>-</u>						I	Whole	- Ru	nee(•) on	lv	
B1 Income from Business & Profes		ter value fro	m E8 of Scl	hedule B	P)		B1	Т) = 1	J	
B2 i Gross Salary							i							
a Salary as per section 17	(1)			ia										
b Value of perquisites as p	per section 17(2)			ib										
c Profit in lieu of salary as	s per section 17(3	8)		ic										
ii Less allowances to the exten iii Net Salary (i – ii)	t exempt u/s 10 (drop down to	o be provided	d in e-fili	ıg utili	ty)	ii							
							iii	_						
iv Deductions u/s 16 (iva + ivb				•_			iv							
iv Deductions u/s 16 (iva + ivb- a Standard deduction u/s b Entertainment allowanc c Professional tax u/s 16(ii				iv: ivl										
c Professional tax u/s 16(ii				ive										
v Income chargeable under th		(iii – iv) (N(OTE- Ensure			1")	B2	T						
B3 Tick applicable option Self Oc														
i Gross rent received/ receiva	ble/ letable value				-		i							
ii Tax paid to local authorities				ii				-						
iii Annual Value (i – ii)					<u> </u>		iii							_
F iii Annual Value (i – ii) 3 ii 30% of Annual Value v Interest payable on borrowe vi Arrears/Unrealized Rent ree	d agnital			iv										
v Interest payable on borrowe vi Arrears/Unrealized Rent realized		vear I are 1	80%	vi vi	-									
vii Income chargeable under th					1		B3 ()							
(If loss, put the figure in negative))	operty (in		-			- ()							
B4 Income from Other Sources (dr income) NOTE- Fill "Sch TDS2	op down to be pro	ovided in e-fi	ling utility s	pecifying	nature	of								
Less: Deduction u/s 57(iia) (in c	ase of family pens	sion only)					B4							1
B5 Gross Total Income (B1+B2+B3	3+B4)						B5()							

FOR OFFICE USE ONLY

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STAMP RECEIPT NO. HERE

SEAL, DATE AND SIGNATURE OF RECEIVING OFFICIAL

PART	C-1	DEDUCTIC	NS AND T A	XABI	E TOTAL	INCOME (A	Refer to ins	tructions for limits on A	Amount of Ded	uctions as	per "Income Tax Act")
C1		80C		C2	80CCC		C3	80CCD (1)			· · · · ·
C4	8	OCCD(1B)		C5	80CCD(2)		C6	80CCG			
C7		80D	Drop down to be provided in e-filing utility	C8	80DD	Drop down to be provided in e-filing utility	C9	80DDB	Drop down be providea e-filing util	l in	
C10		80E		C11	80EE		C12	80G	Please fill Schedule 80		
C13		80GG		C14	80GGC		C15	80TTA		· _	
C16		80TTB		C17	80U	Drop down to be provided in e-filing utility					
C18	Tot	al deductions	(Add items C1	to C17)				1		С	18
C19	C19 Taxable Total Income (B5 - C18) C19										
PA	RT	D – TAX C	OMPUTAT	IONS	AND TAX	STATUS					
			n total income							D1	
		Rebate on 87		(en						D2	
I			- fter Rebate (D	(1-D2)						D3	
		- •	lucation Cess		n (D3)					 D4	
					u (DC)					D5	
I	D5 Total Tax, and Cess (D3+D4) D5 D6 Relief u/s 89 D6										
I			fter Relief (D	5 – D6)						D7	
I	08	Total Interest								D8	
I)9	Total Interest								D9	
D	010	Total Interest	u/s 234C							D10	
D	011	Fee u/s 234F								D11	
		Total Tax, Fe	e and Interest	$(\mathbf{D7} + \mathbf{D})$	8 + D9 + D10	+ D11)				D12	
D		Total Advanc				,				D13	
D	014	Total Self-Ass	essment Tax H	aid						D14	
D	15	Total TDS Cl	aimed (total of	^c column	4 of Schedule	-TDS1 and coli	umn 6 o	f Schedule-TDS2)		D15	
D			llected (total o		5			, ,		D16	
D			aid (D13 + D							D17	
D			ble (D12 – D1		,					D18	
D		ΪŪ	– D12, If D17	,						D19	
D				,	urposes (If a	gricultural inc	ome is r	nore than Rs.5,00)0/-, use	D20	
		ITR 3/5)		01	-			levant clause and se			
D2 1	1 Det	ails of all Ban	k Accounts he	d in Ind	ia at any tim	e during the p	revious	year (excluding o	lormant ac	counts)	
BANK	SI.	IFS	Code of the Ba	ank	Nai	me of the Bank	κ.	Account N	umber	(ti	ick one account 🗹 for refund)
	i										
A	ii										

SCH	SCHEDULE BP – DETAILS OF INCOME FROM BUSINESS OR PROFESSION						
COM	COMPUTATION OF PRESUMPTIVE BUSINESS INCOME UNDER SECTION 44AD						
S.	S. Name of Business Business code Description						
No.							
(i)							
E1	E1 Gross Turnover or Gross Receipts						
	a Through a/c payee cheque or a/c payee bank draft or bank electronic clearing system received before E1a						

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	specified da	specified date									
	b Any other n	node				E1b					
E2	-	ome under section 44									
			d to have been earned, wh ed to have been earned, wh			E2a E2b					
	c Total (a + b		su to have been earned, wi			E20 E2c					
			centage of Gross Receipts, it is m	andatory to have a tax audit under 44AB & re	egular ITR						
	3 or 5 has to be filled	not this form									
СОМ	COMPUTATION OF PRESUMPTIVE INCOME FROM PROFESSIONS UNDER SECTION 44ADA										
S.		Name of Busin		Business code		Descr	iption				
No.											
(i) E3	Gross Receipts				[E3					
E4		ome under section 44	ADA (50% of E3) or the	amount claimed to have been earned	,	E4					
	whichever is high										
	NOTE—If Income filled not this form	is less than 50% of Gross	Receipts, it is mandatory to have	a tax audit under 44AB & regular ITR 3 or 5	has to be						
COM S.	PUTATION OF P	RESUMPTIVE INC Name of Busin		RRIAGES UNDER SECTION 44A Business code	Ð	Descr	intion				
S. No.		Ivalle of Dush	1055	Business code		Desci	iption				
(i)											
	Registration	Whether owned/	Tonnage capacity of	Number of months for which	Presun	ntive incor	ne u/s 44AE for				
	No. of goods	leased/ hired	goods carriage	goods carriage was owned/	<u>i resun</u>	the goods of					
	<u>carriage</u>	carriage (in MT) leased/hired by assessee (Computed @ Rs.1000 per ton per									
	<u>month in case tonnage exceeds</u> 12MT, or else @ Rs.7500 per										
		month) or the amount claimed to									
		have been actually earned, whichever is higher									
(i)	(1)										
(a)											
(b)	ow options as nece	essary (upto maximu	m 10)								
E5			riage under section 44AE	[total of column (5)]		E5					
		fits are lower than prescril be filled and not this form	bed under S.44AE or the number	of Vehicles owned at any time exceed 10 then	the regular						
E6		est paid to the partne	ers			E6					
		be filled up only by firms									
E7	-	ome u/s 44AE (E5-E0				E7					
E8	Income chargeat	ble under Business or	Profession (E2c+E4+E7)			E8					
INFO	RMATION REGA	ARDING TURNOVE	R/GROSS RECEIPT RE	PORTED FOR GST							
		e information below	for each GSTIN No. separ	ately							
E9 E10	GSTIN No(s).	outward supplies as a	per the GST returns filed			E9 E10					
EIU	Annual value of	outward supplies as	per the 651 feturns meu			LIU					
FINA	NCIAL PARTICU	JLARS OF THE BUS	SINESS								
		nish the information as on	31 st day of March, 2019			514					
E11 E12	Partners/ Memb Secured loans	bers own capital				E11 E12					
E12 E13	Unsecured loans	5				E12 E13					
E14											
E15	15 Sundry creditors E15										
E16	6 Other liabilities E16										
E17	17Total capital and liabilities (E11+E12+E13+E14+E15+E16)E17										
E18	Fixed assets					E18					
E19	Inventories					E19					
E20	Sundry debtors					E20					
E21	Balance with bar	nks				E21					
E22	Cash-in-hand					E22					
	Loans and advar	nces				E23					
E23	Loans and advar										

E24	Other assets	E24	
E25	Total assets (E18+E19+E20+E21+E22+E23+E24)	E25	
NOT	$E \triangleright$ Please refer to instructions for filling out this schedule (E15, E19, E20, E22 are mandatory and others if available)		

Sched	lule	80G	DETAILS OF DONATIONS ENTITLED FO	R DEDUCTION UND	ER SECTION	80G				
	Δ	Dona limit	tions entitled for 100% deduction without qualifying							
		Namo	e and address of donee	PAN of Donee	Am	ount of donation	on	Eligible Amount of donation		
					Donation in cash	Donation in other mode	Total donation			
		i								
		ii								
		iii	Total							
	B	B Donations entitled for 50% deduction without qualifying limit								
		Namo	e and address of donee	PAN of Donee	Am	ount of donation	on	Eligible Amount of donation		
					Donation in cash	Donation in other mode	Total donation			
0		i			Casii	other mode	uonation			
NO		ii								
ITA		iii	Total							
DETAILS OF DONATIONS	С	Dona limit	tions entitled for 100% deduction subject to qualifying			<u> </u>				
O STI		Namo	e and address of donee	PAN of Donee	Am	ount of donation	on	Eligible Amount of donation		
ETA					Donation in cash	Donation in other mode	Total donation			
П		i								
		ii								
			Total							
		Dona limit	tions entitled for 50% deduction subject to qualifying							
		Namo	e and address of donee	PAN of Donee		ount of donatio		Eligible Amount of donation		
					Donation in cash	Donation in other mode	Total donation			
		i								
		ii								
		iii	Total							
	E	Total	donations (Aiii + Biii + Ciii + Diii)							

SCHE	SCHEDULE IT DETAILS OF ADVANCE TAX AND SELF ASSESSMENT TAX PAYMENTS																					
	BSR Code			BSR Code Date of Deposit (DD/MM/YYYY) Challan No.			Tax paid															
Col (1)				Col (2) Col (3)				Col (4)														
R1																						
R2																						
R3																						
NOTE	OTE Enter the totals of Advance tax and Self-Assessment tax in D14 & D15																					

 Sche	Schedule TCS Details of Tax Collected at Source [As per Form 27D issued by the Collector(s)]							
Sl No	Tax Collection Account Number of the Collector	Name of the Collector	Details of amount paid as mentioned in Form 26AS	Tax Collected	Amount out of (4) being claimed			
(1)	Col (1)	Col (2)	Col (3)	Col (4)	Col (5)			
i								
ii								
	NOTE \triangleright Please enter total of column (5) of Schedule TCS in D17							

SCHEDULE TDS1 DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [As per Form 16 issued by Employer(s)]

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	TAN	Name of the Employer	Income under Salary	Tax deducted				
	Col (1)	Col (2)	Col (3)	Col (4)				
S1								
S2								
S 3	3							
N	NOTE Enter the total of column 4 of Schedule-TDS1 and column 9 of Schedule-TDS2 in D16							

SCHEDULE TDS2 DETAILS OF TAX DEDUCTED AT SOURCE ON INCOME OTHER THAN SALARY [As per Form 16 A issued or Form 16C furnished by Deductor(s)]

Sl.	TAN of the	Unclaimed TD	S brought	TDS of the current	TDS credit being claimed this Year	Correspon	ding Income	TDS credit being
No.	Deductor/ PAN	forward (b/f)		Fin. Year	(only if corresponding income is being	off	ered	carried forward
	of Tenant		× /		offered for tax this year)			
		Fin. Year in which	TDS b/f	TDS Deducted	TDS Claimed	Gross	Head of	
		deducted				Amount	Income	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
i								
ii								

VERIFICATION

__son/ daughter of __ _ solemnly declare that to the Ι, 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 returns in my capacity as _____ (drop down to be provided in e-filing utility) and I am also competent to make this return and verify it. I am holding permanent account number ______. (Please see instruction)

Place:		Signature here 🗲
Date :		
If the return has been prepar	red by a Tax Return Preparer (TRP) give fu	rther details as below:
TRP PIN (10 Digit)	Name of TRP	Counter Signature of TRP
Amount to be paid to TRP		