Date of Filing: 13-Jul-2023*

INDIAN INCOME TAX RETURN

FORM ITR1 SAHAJ

[For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, 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 2023-24

PART A GENERAL INFORMATION

(A1) PAN DCGPS2434K

(A2) First Name

(A2a) Middle Name

(A3) Last Name SONIA

(A4) Date of Birth

(A5) Aadhaar Number(12 digits)/Aadhaar Enrolment Id(28 digits) (if eligible for Aadhaar No.)

(A6) Mobile No

18/03/1982

3xxx xxxx 1508

+91 9896975880

(A7) Email Address avidrsonia@gmail.com (A8) Flat/Door/Block No.

(A9) Name of Premises/Building/Village (A10) Road/Street/Post Office,

H.NO. 1239 F

Area/Locality
Panchkula YAMUNA NAGAR

(A11) Town/City/District

(A12) State

(A13) Country/Region

Panchkula Sector 8 S.O

12-Haryana

(A14) PIN Code/ZIP Code

91-INDIA

134109

(A17) Nature of employment

State Government

(A15)(a) Filed u/s (Tick)[Please see instruction]

139(1)-On or before due date

(A16) Or Filed in response to notice u/s

(A18) If revised/defective then enter Receipt No. and Date of filing of

original return (DD/MM/YYYY)

(A19) If filed in response to notice u/s 139(9)/142(1)/148/153C or order u/s

Nature

119(2)(b)- enter Unique Number/ Document Identification Number (DIN) &

Date of such Notice or Order

(A20) Are you opting for new tax regime u/s 115BAC?

Yes ₽ No

SI No.

(A21) Are you filing return of income under Seventh proviso to section 139(1) but otherwise not required to furnish return of income? - (Tick)

If yes, please furnish following information [Note: To be filled only if a person is not required to furnish a return of income under section 139(1) but filling return of income due to fulfilling one or more conditions mentioned in the seventh proviso to section 139(1)]

(i) Have you incurred expenditure of an amount or aggregate of amount exceeding Rs. 2 lakhs for travel to a foreign country for yourself or for any other person?

Amount

「Yes ₩ No

(ii) Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1 lakh on consumption of electricity during the previous year? Yes
 No

(iv) Are you required to file a return as per other conditions prescribed under clause (iv) of seventh proviso to section 139(1) (If yes, please select the relevant condition from the drop down menu) Yes
 No

	Sł No.	Nature of Exempt Allowances Description (If Any Other selec	cted)	Total Amount	
	ii	Less allowances to the extent exempt u/s 10 [Ensure that it is included in sala $17(1)/17(2)/17(3)$]	ary income u/s	ii	0
	e	Income from retirement benefit account maintained in a country other than notified country u/s 89A	ie	0	
	d	Income from retirement benefit account maintained in a notified country u/s 89A	id	0	
	С		ic	0	
	b	Value of perquisites as per section 17(2)	ib	0	
	a	Salary as per section 17(1)	ia	15,83,742	
В1	I	Gross Salary (ia + ib + ic + id + ie)		i	15,83,742
PART B	GROSS TO	DTAL INCOME	The state of the s	ALTERO COMPANION CONTRACTOR CONTR	

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		Quarterly breakup of Dividend Incom	7	rly breakup of Income from ret unt maintained in a notified co (taxable portion)	irement benefit untry u/s 89A
	(i)	Up to 15-Jun-2022	O (i)	Up to 15-Jun-2022	0
	(ii)	From 16-Jun-2022 to 15-Sep-2022	0 (ii)	From 16-Jun-2022 to 15- Sep-2022	0
	(iii)	From 16-Sep-2022 to 15-Dec-2022	0 · (iii)	From 16-Sep-2022 to 15-Dec-2022	0
	(iv)	From 16-Dec-2022 to 15-Mar-2023	0 (iv)	From 16-Dec-2022 to 15-Mar-2023	0
	(v)	From 16-Mar-2023 to 31-Mar-2023	0 (v)	From 16-Mar-2023 to 31-Mar-2023	0
	Less: Incom	ne claimed for relief from taxation u/s 89A			0
	Less: Dedu	ction u/s 57(iia) (in case of family pension c	inly)		U
B4	Gross Total	Income (B1+B2+B3) (If loss, but the figure			0
	of carry for	ward and set off of loss, please use ITR-2	in negative) Note: To	avail the benefit B4	15,51,775
*If the retu	rn is verified after 30	days of transmission of			

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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.	1,50,000	1,50,000
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	50,000	50,000
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	$80\mbox{DD}$ - 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	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.)	o	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	1,633	1,633

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Select Account for Refund

Credit

Account Number

31718933840

043400100599179

Name of the Bank

STATE BANK OF INDIA

PUNJAB NATIONAL BANK

Sł No.

2

IFS Code of the Bank

SBIN0012235

PUNB0043400

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SCH	EDULE 80D								Date of Filing	g : 13-Jul-202
1	Wheth	ner you or any	of your family	member (exclu	iding parents) is a senior citi		rear the objection		
(a)		Family			3 p 5 3	, is a serior city	12611:	No clai	ming for Self/	Family
	(i)	Health Insur	ance							•
	(ii)	Preventive H	lealth Checku	n				***		(
(b)	Self &	Family includir								(
	(i)	Health Insura								C
	(ii)		ealth Checkup	m						C
	(iii)	Medical Expe	enditure (This	deduction to be	claimed on v	which booth in				О
2			ac (i) above)			viicii neaith ins	surance is			0
(a)	Parents		our parents is	a senior citizen				No clair	ning for Paren	ts
,	(i)									0
		Health Insura								0
(b)	(ii)		ealth Checkup							0
(b)		including Sen								0
	(i)	Health Insura	nce							0
	(ii)	Preventive He								0
	(iii)	Medical Exper not claimed a	nditure (This d t (i) above)	leduction can be	e claimed on	which health in	surance is			0
3	Eligible	Amount of Dec	duction							0
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C. DON	ATIONS ENT	ITLED FOR 10 W SHOULD B	00% DEDUCT	ION SUBJECT	TO QUALIFY	ING LIMIT (W	HERE ANY RO	OW IS FILLED	BY THE USER	, ALL THE
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SI No.	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

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Total C

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)

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Total D		District			Donee	Reference Number)	Donation in cash	Donation in other mode	Total donation	Amount of Donation
E. Total Amount of Do	onations (A +	B + C + D)					0	0	0	0
					***************************************		0	0	0	0

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TCS Credit out of (5)

claimed this year

0

VERIFICATION

Year of tax

collection

Tax Collected

I, **SONIA** son/ daughter of **SATVIR 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 **DCGPS2434K**

Gross payment which is subject to

tax collection

Place: 125.17.145.197

Date: 13-Jul-2023

SCHEDULE TCS

Total

Tax Collection

SI No. Account Number of the Collector

If the return has been prepared by a Tax Return Preparer (TRP) give further details below:

Name of the

Collector

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Acknowledgement Number: 453043440130723

Date of Filing: 13-Jul-2023*

Identification No. of TRP

Name of TRP

Counter Signature of TRP

If TRP is entitled for any reimbursement from the Government, amount thereof

0

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