Date of Filing : 23-Jul-2023*

ACKIIO	wieugemen	Number : 055	300300230723			Date of Fill	ing : 23-jui-2023*
FORM ITR1 SAHAJ	having in an indivi	come from bus dual who is eith	INDIAN INCOME and Firms (other than LLP) bein iness and profession which is co her Director in a company or has has agricultural income more th	g a resident having tota omputed under sections s invested in unlisted ea	44AD, 44/ quity share	ADA or 44AE][Not f as or if income-tax	or Year
PART A	GENERAL	NFORMATION					
(A1) PA AHPPT			(A2) First Name PIYUSH	(A2a) Middle Name		(A3) Last Name TIWARI	
(A4) Da 24/04 /:	ite of Birth 1983		(A5) Aadhaar Number(12 digits)/Aa eligible for Aadhaar No.) 5xxx xxxx 6073	adhaar Enrolment Id(28 dig	gits) (if	(A6) Mobile No +91 945155898	9
• •	nail Address tiwari2404 @	∂gmail.com	(A8) Flat/Door/Block No. House no type IV/19, officer's colony	(A9) Name of Premises/Building/Villa Near DM residence	(A10) Road/Stree Area/Locality Shahjahanpur K Shahjahanpur		
	own/City/Dist AHANPUR	rict	(A12) State 31-Uttar Pradesh	(A13) Country/Region 91-INDIA		(A14) PIN Code/Z 242001	P Code
(A17) N	lature of emp	loyment		State Government			
(A15)(a) Filed u/s (Ti	ck)[Please see in	nstruction]	139(1)-On or before	due date		
(A16) O	r Filed in res	ponse to notice u	ı/s				
	revised/defe return (DD/N		Receipt No. and Date of filing of				
119(2)(que Number/ Do	s 139(9)/142(1)/148/153C or order u cument Identification Number (DIN)				
	re you opting		ime u/s 115BAC?	Ser.			
filing ret (i) Have foreign Yes (ii) Have electric Yes (iv) Are	turn of incom e you incurred country for y ☑ No e you incurre ity during the ☑ No you required	e due to fulfilling d expenditure of ourself or for any d expenditure of previous year?	amount or aggregate of amount ex as per other conditions prescribed u	in the seventh proviso to exceeding Rs. 2 lakhs for ceeding Rs. 1 lakh on cons	section 139 travel to a sumption of	(1)] 0 0	
Yes 🔽	No		Nature 191	REAL P		Amount	
SI No.			Nature			Amount	
(1)			(2)	DEFAI		(3)	
PART E	B GROSS TO	TAL INCOME		WL			
B1	i	Gross Salary (ia	a + ib + ic + id + ie)			i	22,53,536
	а	Salary as per s	ection 17(1)		ia	22,53,536	
	b	Value of perqu	isites as per section 17(2)		ib	0	
	с	Profit in lieu of	salary as per section 17(3)	ic		0	
	d	Income from re 89A	etirement benefit account maintaine	ed in a notified country u/s	id	0	
	e	Income from re notified countr	etirement benefit account maintaine y u/s 89A	ed in a country other than	ie	0	
	ii	Less allowance 17(1)/17(2)/17	es to the extent exempt u/s 10 [Ensu (3)]	ure that it is included in sal	ary income	u/s ii	40,800

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	SI. No.	Nature	of Exempt Allowances	Description (If An	ny Other s	selected)		Total Amount		
	(1)		(2)	(3	3)				(4)	
	1	benefits grant expenses in p office or empl	-Prescribed Allowances or ed to meet personal erformance of duties of oyment or to compensate sed cost of living.					4080		
	iia	Less : Incon	ne claimed for relief from tax	ation u/s 89A				iia	C	
	iii	Net Salary ((i - ii - iia)					iii	22,12,736	
	iv	Deductions	u/s 16 (iva + ivb + ivc)					iv	50,000	
	а	Standard de	eduction u/s 16(ia)			iva		50,000		
	b	Entertainm	ent allowance u/s 16(ii)			ivb		0		
	с	Professiona	l tax u/s 16(iii)			ivc	-	0		
	v	Income cha	rgeable under the head 'Sala	nries' (iii - iv)			<u> </u>	B1	21,62,736	
2		Type Of Ho					B2			
	i	Gross rent i	received/ receivable/ lettable	value during the year				i	C	
	ii	Tax paid to	local authorities		ii			0		
	iii	Annual Valu	ue (i - ii)					iii	C	
	iv	30% of Ann	ual Value	iv			0			
	v	Interest pay	able on borrowed capital		v			0		
	vi	Arrears/Unr	ealised rent received during	the year less 30%	vi			0		
	vii	Income cha negative)	rgeable under the head 'Hou	ise Property' (iii - iv - v) + vi (If loss, put the figure in				B2	C	
3		Income from	n Other Sources					В3	17,070	
	SI. No.	Na	ature of Income	Description (If Any Other selected)				Total Amount		
	(1)		(2)	(3	3)			(4)		
	1	Interest from	Saving Account	E Sta	M	1		17,070		
			Quarterly breakup of Div	idend Income			ntained i		m retirement benefit ed country u/s 89A on)	
		(i)	Up to 15-Jun-2022	Star B	0 (i)	Up to	o 15-Jun-2	022	0	
		(ii)	From 16-Jun-2022 to 15-Sep-2022	0 (ii) From Sep-2				022 to 15-	0	
		(iii)	From 16-Sep-2022 to 15-Dec-2022	AX DEPP	0 (iii)		16-Sep-2 ec-2022	2022 to	0	
		(iv)	From 16-Dec-2022 to 15-Mar-2023		0 (iv)		16-Dec-2 ar-2023	2022 to	C	
		(v)	From 16-Mar-2023 to 31-Mar-2023	0 (v) From 16 31-Mar-2			16-Mar-2 ar-2023	2023 to	0	
		Less: Incom	ne claimed for relief from tax	ation u/s 89A					0	

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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 negator of carry forward and set off of loss, please use ITR-2	ative) Note: To avail the benefi	i ^t B4 21,79,800
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.	1,78,722	1,50,000
C2	80CCC - Payment in respect Pension Fund	0	C
С3	80CCD(1) - Contribution to pension scheme of Central Government	0	C
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	C
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	C
C9	80E - Interest on loan taken for higher education	0	C
C10	80EE - Interest on loan taken for residential house property	0	C
C11	80EEA - Deduction in respect of interest on loan taken for certain house property	0	C
C12	80EEB - Deduction in respect of purchase of electric vehicle	0	C
C13	80G - Donations to certain funds, charitable institutions, etc (Please fill 80G schedule.This field is auto-populated from schedule 80G.)	0	C
C14	80GG - Rent paid (Please submit form 10BA to claim deduction)	0	C
C15	80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is autopopulated from schedule.)	⁶⁵ 0	(
	Y Y A		

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C16	80GGC - Donation to Political party	ARTIME	0
C17	80TTA - Interest on deposits in saving bank Accounts	10,000	10,000
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)	2,38,722	2,10,000



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Total Inc	ome	M JAK W		19,69,810
ЕХЕМРТ	INCOME (FOR REPORTING PURPOSE	S)		
SI. No.	Nature of Income	Description (If Any Other selected)		Total Amount
(1)	(2)	(3)		(4)
Total		KA WEN	37	0
		ME TAV DEDAR		
PART D	- COMPUTATION OF TAX PAYABLE			
D1	Tax payable on total income		D1	4,03,443
D2	Rebate u/s 87A		D2	0
D3	Tax after rebate		D3	4,03,443
D4	Health and education Cess @4% on I	03	D4	16,138
D5	Total Tax and Cess		D5	4,19,581
D6	Relief u/s 89 (Please ensure to subm	it 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	4,19,581
D12	Total Taxes Paid		D12	4,20,500
D13	Amount payable (D11-D12) (if D11>	D12)	D13	0
D14	Refund (D12 - D11) (if D12 > D11)		D14	920

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	SBIN0000664	STATE BANK OF INDIA	30745100551	. 🗆	
2 SBIN0007873		STATE BANK OF INDIA	0000010841345820		
3 SBIN0018143		STATE BANK OF INDIA	10841345820		
SCHEI	DULE 80D				
1	Whether you or any of your	amily member (excluding parents) is	a senior citizen?	No claiming for Self/Family	
(a)	Self & Family				

		NTITLED FOR 100% DEDUCTION WITHOUT QUALIFYING LIMIT, (WHERE ANY RO) ROW SHOULD BECOME MANDATORY)	W IS FILLED BY THE USER, ALL THE						
SCHED	ULE 80G [DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G							
3	Eligib	le Amount of Deduction	C						
	(iii)	Medical Expenditure (This deduction can be claimed on which health insurance is not claimed at (i) above)	0						
	(ii)	Preventive Health Checkup	C						
	(i)	Health Insurance	0						
(b)	Paren	Parents including Senior Citizen							
	(ii)	Preventive Health Checkup	0						
	(i)	Health Insurance	c						
(a)	Paren	ts संययगत्र तयते	(
2	Wheth	ner any one of your parents is a senior citizen	No claiming for Parents						
	(iii)	Medical Expenditure (This deduction to be claimed on which health insurance is not claimed at (i) above)	0						
	(ii)	Preventive Health Checkup	C						
	(i)	Health Insurance	C						
(b)	Self &	Family including Senior Citizen	(
	(ii)	Preventive Health Checkup	(
	(i)	Health Insurance	C						

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

Total B

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)

0

0

0

0

	SI.	Name of	Address	City or Town or	State code	Pin code	PAN of the	Amount of don	ount of dona	tion	Eligible Amount of
No.	the Donee	Address	District	State code	r in 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

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	Amo	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)
				D	7 9		SU.				
					1	ANN	N.				
				KA.	E.		NH.				
Total D				14	22	ચ્યમંત્ર સ્થતે	. M	0	0	0	0
E. Total	Amount of D	onations (A -	+ B + C + D)	W A	\$ 878	Trail a	- Chiller	0	0	0	0
		4	7	INCON	IE TA	K DEPA	RTME	MT .	/		

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SI. No.	Relevant Clause	Name of the Donee		City or 5 Town or District	State Code		PAN of the Donee	Amount of Don		tion	Eligible	
	under which deduction is claimed					Pin code		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	()	
ΤΑΧ Ρ	AYMENTS											
SI. No.	BSR Code			Date of Deposit (DD/MM/YYYY)			Serial Number of Challan			Tax paid		
(1)	(2)			(3)			(4)			(5)		
Total	1										(
SCHEI	DULE TDS1 -	DETAILS	OF TAX DED	UCTED AT S	OURCE FROM	1 SALARY [A	AS PER FORM	1 16 ISSUED	BY EMPLOY	ER(S)]		
SI. No.	TAN of the Deductor			Name of the Deductor			Income chargeable under salaries		r To	Total Tax Deducted		
(1)	(2)			(3)			(4)			(5)		
1	MRTD01935D			DISTRICT AND SESSIONS COURT GHAZIABAD				7,21,892		1,20,00		
2	LKNJ05444F			JUDGES COURT SHAHJAHANPUR			15,31,644		644	3,00,500		
Total	-			A VIIIS			1		4,20,500			
				<i>M</i>		ANAT	M					
	DULE TDS2 - CTOR(S)]	DETAILS	OF TAX DED	UCTED AT S	OURCE FROM	1 INCOME O	THER THAN	SALARY [AS	PER FORM	16A ISSUEI	O BY	
SI. No.	TAN of the Deductor		of the Gross receipt is subject to deductio		tax deduction		Tax Deducted		TDS Credit out of (5)claimed this yea			
(1)	(2) (1		(3	3) (4)			(5)		(6)		(7)	
Total			7	(Non			THEN		/			
					ME TAY	v neD	ARIM					
					-	R FORM 16 Gross recei	C FURNISHE		YER(S))	TDS	i Credit out	
SI. No.	PAN of Tenar		dhaar Num of the Tenai			which is sub tax deduc	ject ded	r of tax luction	Tax Deduc	ted of (6) claimed his year	
(1)	(2)		(3)	(4)	(5)		(6)	(7)		(8)	
Total												
SCHEI	DULE TCS											
SI. No.	Tax Collection Name		of the Gross payr ector which is sub tax collect		ect to	to collection				dit out of (d this year		
(1)			(3			(5)			(6)		(7)	
Fotal												

VERIFICATION											
I, PIYUSH TIWARI son/ daughter of DEVENDRA KUMAR TIWARI 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 AHPPT5760L Place: 117.207.128.172 Date: 23-Jul-2023											
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										