## Date of Filing : 06-Jul-2023\*

FORM ITR1 SAHAJ	having inco an individu	me from bus al who is eit	INDIAN INCOMI and Firms (other than LLP) bein siness and profession which is co her Director in a company or ha has agricultural income more th	ng a resident having tota computed under sections is invested in unlisted eq	44AD, 4 quity sha	14ADA or 44AE][Not fo ares or if income-tax i	or Year		
PART A	GENERAL INI	ORMATION							
(A1) PAN <b>BYKPA5</b>			(A2) First Name RAHUL	(A2a) Middle Name		(A3) Last Name ANAND			
	e of Birth		(A5) Aadhaar Number(12 digits)/A eligible for Aadhaar No.) 6xxx xxxx 5357	adhaar Enrolment Id(28 dig	gits) (if	(A6) Mobile No +91 7275145150	5		
. ,	ail Address 009anand@g	mail.com	(A8) Flat/Door/Block No. HOUSE NO. 1 S/O PRITHWI CHANDRA	(A9) Name of Premises/Building/Villa FOOLWARIYA TAXI S DURGA MANDIR ROA	TAND,	(A10) Road/Street Area/Locality <b>Bhatpar Rani DE</b>			
	wn/City/Distric r <b>Rani S.O</b>	t	(A12) State 31-Uttar Pradesh	(A13) Country/Region 91-INDIA		(A14) PIN Code/ZII 274702	o Code		
(A17) Na	ture of employ	/ment		State Government					
(A15)(a)	Filed u/s (Tick	)[Please see i	nstruction]	139(1)-On or before	due dat	e			
(A16) Or	Filed in respo	nse to notice	u/s						
	revised/defecti return (DD/MM		Receipt No. and Date of filing of						
Yes ✓   (A21) Ar Yes   Yes ✓   f yes, plain Ø   iling rett Ø   (i) Have Ø   foreign c Yes   (ii) Have Ø   electricit Yes   Yes ✓   (iv) Are y relevant   Yes ✓	No e you filing ret No ease furnish fo you incurred e country for you No you incurred e you incurred e you incurred e you incurred to you required to condition from	urn of income llowing inforr due to fulfillin xpenditure o rself or for ar expenditure c revious year? o file a return	as per other conditions prescribed u wn menu)	rson is not required to furn in the seventh proviso to exceeding Rs. 2 lakhs for cceeding Rs. 1 lakh on cons	ish a retu section 1 travel to sumption	urn of income under sect 39(1)] a 0 of 0 to section 139(1) (If yes,	ion 139(1) but		
SI No.			Nature			Amount			
(1)			(2)			(3)			
DART R	GROSS TOTA		- IAA	UCTA		-			
B1			ia + ib + ic + id + ie)			i	15,15,118		
			section 17(1)		ia	15,15,118			
		, i	uisites as per section 17(2)		ib	0			
			• • • • • •			0			
			f salary as per section 17(3) etirement benefit account maintaine	ed in a notified country u/s	ic				
	d {	39A			IC	0			
	e I r	ncome from i notified count	etirement benefit account maintaine ry u/s 89A	ed in a country other than	ie	0			
	ii L		es to the extent exempt u/s 10 [Ensi	ure that it is included in sa	ary incon	ne u/s ii	21,000		

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SI. No.	Nature of Exempt Allowances Description ( If Any Other selected)						Total Amount			
(1)		(2)	(3	3)				(4)		
1	Any C	ther	SA				3000			
2	Any O	ther	GEA	GEA				18000		
iia	Les	s : Income claimed for relief from ta	xation u/s 89A				iia	0		
iii	Net	Salary (i - ii - iia)						14,94,118		
iv	Dec	ductions u/s 16 (iva + ivb + ivc)					iv	50,000		
а	Sta	ndard deduction u/s 16(ia)	iva				50,000			
b	Ent	ertainment allowance u/s 16(ii)			ivb		0			
с	Pro	fessional tax u/s 16(iii)			ivc		0			
v	Inco	ome chargeable under the head 'Sal	aries' (iii - iv)	es' (iii - iv)				14,44,118		
2	Тур	e Of House Property					B2			
i	Gro	ss rent received/ receivable/ lettable	e value during the year			i	0			
ii	Тах	paid to local authorities		ii			0			
iii	Anr	nual Value (i - ii)					iii	0		
iv	30%	30% of Annual Value iv								
v	Inte	Interest payable on borrowed capital v					0			
vi	Arre	ears/Unrealised rent received during	the year less 30%	he year less 30% vi			0			
vii		ome chargeable under the head 'Ho ative)	House Property' (iii - iv - v) + vi (If loss, put the figure i				B2	0		
3	Inco	ome from Other Sources	Califica III				В3	86,102		
SI. No.		Nature of Income	Description ( If Ar	Description ( If Any Other selected)			Total Amount			
(1)		(2)	(3	3)				(4)		
1	Intere	st from Income Tax Refund		m				0		
2	Intere Office	st from Deposit(Bank/Post /Cooperative Society)	Sharman and	s D		A		31,380		
3	Intere	Interest from Saving Account				L	7	54,722		
								p of Income from retirement benefit nined in a notified country u/s 89A (taxable portion)		
			S TAX DEPP				• • •	-		

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		(i)	Up to 15-Jun-2022	0	(i)	Up to 15-Jun-2	022	0	
		(ii)	From 16-Jun-2022 to 15-Sep-2022	0	(ii)	From 16-Jun-20 Sep-2022	022 to 15-	0	
	(iii)				From 16-Sep-2 15-Dec-2022	022 to	0		
		(iv)	From 16-Dec-2022 to 15-Mar-2023	0	(iv)	From 16-Dec-2 15-Mar-2023	022 to	0	
		(v)	From 16-Mar-2023 to 31-Mar-2023	0	0 (v) From 16-Mar-2023 31-Mar-2023			0	
	Le	ess: Income	e claimed for relief from taxa	ation u/s 89A				0	
	Le	ess: Deduct	tion u/s 57(iia) (in case of fa	mily 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							15,30,220	

## 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
C3	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	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	o	0
C10	80EE - Interest on loan taken for residential house property	O	0
C11	80EEA - Deduction in respect of interest on loan taken for certain house property	5 M 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	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)	2,10,000	2,10,000



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Total Inc	ome		13,20,220
ЕХЕМРТ	INCOME (FOR REPORTING PURPOSE	S)	
SI. No.	Nature of Income	Description ( If Any Other selected)	Total Amount
(1)	(2)	(3)	(4)
Total		KO.	0
	- COMPUTATION OF TAX PAYABLE	ME TAV DEDAR	
D1	Tax payable on total income		2,08,566
D2	Rebate u/s 87A	C	02 0
D3	Tax after rebate	C	2,08,566
D4	Health and education Cess @4% on [	D3 [	8,343
D5	Total Tax and Cess	C	2,16,909
D6	Relief u/s 89 (Please ensure to submi	t Form 10E to claim this relief)	06 0
D7	Interest u/s 234A	Ε	07 0
D8	Interest u/s 234B	E	1,470
D9	Interest u/s 234C	Ε	2,357
D10	Fee u/s 234F	Ε	010 0
D11	Total Tax, Fee and Interest (D5 + D7	+ D8 + D9 + D10 - D6)	2,20,736
D12	Total Taxes Paid	E	2,20,739
D13	Amount payable (D11-D12) (if D11>I	D12) [	013 0
D14	Refund (D12 - D11) (if D12 > D11)	C	014 0

# 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	IFS Code of the Bank Name of the Bank		Select Account for Refund Credit	
(1)	(2)	(2) (3)		(5)	
1	SBIN0000017	STATE BANK OF INDIA	0000020035364899		
2	SBIN0000017	STATE BANK OF INDIA	20035364899	7	

SCHEDULE 80D									
1	Whethe	er you or any of your family member (excluding parents) is a senior citizen?	No claiming for Self/Family						
(a)	Self & F	amily	0						
	(i)	Health Insurance	0						

	(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	Wheth	er any one of your parents is a senior citizen	No claiming for Parents
(a)	Parent	s	0
	(i)	Health Insurance	0
	(ii)	Preventive Health Checkup	0
(b)	Parent	s 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	Eligible	e Amount of Deduction	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)

	Name of	Name of Address Town or State code Pin code PAN of	PAN of the	Am	Amount of donation					
	the Donee	Address	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 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	Address	City or Town or	State code	Pin code	PAN of the	Amount of donation f the Amount	Amount of donation		
No.	the Donee	Autress	District	State code	rin coue	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 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 Town or	State code	Pin code PAN of the Donee	Amount of donation			Eligible Amount of	
No.	the Donee	Address	District	State 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) Amount of donation ARN City or Eligible PAN of the (Donation SI. Name of Town or Address Amount of State code Pin code Donee Donation the Donee No. District Reference Donation Total Donation in other Number) donation in cash mode (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Total D 0 0 0 0 E. Total Amount of Donations (A + B + C + D)0 0 0 0 INCOME TA DEPARTMEN

Relevant Clause Amount of Donation									tion			
SI. No.	Clause under which deduction is claimed	Name of the Donee	Address	City or Town or District	State Coo	le Pin cod	PAN of the Donee		Donation	Total Donation	Eligible Amount o Donation	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
Total	11								0 0	0		
ТЛУ Р	AYMENTS								' 			
SI. No.		BSR Code	SR Code Date of Deposit (DD/MM/YYYY)				Serial Number of Challan Tax paid					
(1)		(2)		(3)			(4)			(5)		
1	0002271		24	24/05/2023			1575		1575	23,200		
2	0002271			06/07/2023			59728		9728	27,420		
Total											50,620	
SCHEI	DULE TDS1 -	DETAILS O	F TAX DEDU	CTED AT SC	OURCE FRO	M SALARY	AS PER FOI	M 16 ISSUE	D BY EMPLOY	'ER(S)]		
SI. No.	TAN o	LE TDS1 - DETAILS OF TAX DEDUCTED AT SOURCE FROM SALA TAN of the Deductor Name of the Deductor				tor	Income chargeable under			otal Tax Deducted		
(1)	(2)			(3)			(4)			(5)		
1	KNPD01286F		DI	DISTRICT JUDGE KANPUR NAGAR			10,92,083		,083	1,70,119		
Total				W		MAL	X				1,70,119	
COUR						MUNCOME					DV	
DEDU	CTOR(S)]	DETAILS		G				_	AS PER FORM			
SI. No.			Name of Deduct			to tax	Year of tax Tax De deduction Tax De		ax Deducted	ducted TDS Credit out (5)claimed this ye		
(1)	(2	(2) (							(6)	) (7)		
Total					ME TA	X DEF	ARI				C	
SCHEI			TAX DEDUC									
	PAN of	the Aad	haar Numbe f the Tenant	er Name	of the	Gross rec which is su to tax dedu	eipt bject de	ar of tax eduction	Tax Deduc	ted of (	Credit out 6) claimed his year	
SI. No.	Tenar		(-)	(4	4)	(5)		(6)	(7)		(8)	
SI.	Tenar (2)		(3)						1		(	
SI. No.			(3)									
SI. No. (1) Fotal			(3)									
SI. No. (1) Fotal	(2) DULE TCS Tax Coll Account N	umber of	(3) Name of Collect		Gross pay hich is sub	ject to	Year of ta collection	- Te	ax Collected		lit out of (5 d this year	
SI. No. (1) Fotal SCHEI	(2) DULE TCS Tax Coll	umber of lector	Name of			ject to		- Te	ax Collected (6)	claimed	lit out of (5 d this year (7)	

VERIFICATION										
I, <b>RAHUL ANAND</b> son/ daughter of <b>PRITHWI CHANDRA</b> 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 <b>Self</b> and I am also competent to make this return and verify it. I am holding permanent account number <b>BYKPA5273Q</b> Place: 117.197.148.148										
Date: 06-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 thereof <b>0</b>										