3 3

ITR 4 SUGAM - 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 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)

N. C. motion		
ersonal Information	RUTH SHIFA ECKA	
lame	AAFPE0794E	
ermanent Account Number	12/03/1976	
Date of Birth/Formation (DD/MM/	12/03/1970	
YYYY)		
Address		C-221
Flat/Door/ Block No.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2-21
Name of Premises/ Building/ Village		NIRALA NAGAR
Road/Street/Post Office	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Area/locality		Lucknow
Town/City/District	The Art William	LUCKNOW
State		UTTAR PRADESH
Country		INDIA
Pin code	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	226018
Aadhaar Number (Please enter the A	Adhaar Number which is linled with your	480941551254
PAN in e-Filing portal. Applicable	o individual conj	Individuals
Status	The state of the s	91 - 7236957777
Mobile No.1	TAY	THE PARTY OF THE P
STD code	1000 000 000 000 000 000 000 000 000 00	A STATE OF THE STA
Landline Phone number (Residence	e/Office)	-8318500726
Mobile No. 2	40.0	info@adaassociates.co.in
Email Address-1 (Self)		
Email Address-2		rshita@gmail. com
Nature of Employment		Others
Filing Section /	VV.	139(1)-On or before due date
Are you filing return of income u	nder Seventh proviso to section 139(1) but	No ·
otherwise not required to furnish	return of income?	
	E B- 1 Crore in	No
Have you deposited amount or ag	gregate of amounts exceeding Rs. 1 Crote in	
Have you deposited amount or ag	ng the previous year? (Yes/No)	- 17
Have you deposited amount or ag	ng the previous year? (Yes/No)	
Have you deposited amount or agone or more current account duri	ng the previous year? (Yes/No)	

of to nt t, e

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	P	91	Te	,
	•	-	50	-

Standard Deduction u/s 16(ia)

Professional tax u/s 16(iii)

Type of House Property

Entertainment allowance u/s 16(ii)

(NOTE- Ensure to Fill "Sch TDS1")

Income chargeable under the Head 'Salaries'(iii - iv)

Gross rent received/ receivable/ letable value during the year

(a)

(b)

(v)

B3

Page 3

	*	- 1 mars as a company of the company	and the second second		
1./	wiedgement Numbe	r: 482921960220820			
/ C15.	80GGC - Donation to P	olitical party		A STATE A	ssessment Year: 2
C16.		osits in saving bank Accounts		0	-
C17.	80TTB- Interest on depo	sits in case of senior citizens.		10000	
C18.	80U - In case of a person	with disability		0	
В6.	Total deductions (Add i	lems CL to Class		0	
B7.	Taxable Total Income (I			211154	
PART D	TAX COMPUTATIONS	AND TAY CO.			20
DI.	Tax payable on total incom	e AXSTATUS			1280
D2.	Rebate u/s 87A				
D3.	Tax payable after Rebate (I)	L type			196.
D4. F	Health and Education Cess @	0.4% (D2)	***************************************		
D5. T	otal Tax, and Cess (D3+D4	9 4% on (D3)			1965
					780
D7. Ba	alance Tax after Relief (D5-	submit Form 10F to claim this relief)			20446
	otal Interest u/s 234A	06)		The second of	40
	tal Interest u/s 234B	Y			204460
	al Interest w/s 234C				0
	s u/s 234F				1065
	154461	拉 量 10			213
CHEDULE B	of Tax, Fee and Interest (D	7+D8+D9+D10+D11)			0
OMPUTATIO	ON OF PRESIDENT	IE FROM BUSINESS OR PROFESSION			205738
T	ome of the Business	COME FROM PROFESSIONS UNDER SECTION A	14AD		
	Pathology Lab	Business Code			
		21008-Other services n.e.c.		Des	cription
Ela.	urnover or Gross Receipts				
	prescribed class	or a/c payce bank draft or bank electronic clearing s	Vstam	E0072	
E16.	Any other mode	s received before specified date	y stem of		Ü
	ve income under section 44.				
					*2681870
b. 8	% of E1b or the	imed to have been carned, whichever is higher			
	otál (a + b)	med to have been earned, whichever is higher			0
		ercentage of Gross Receipts, it is mandatory to have			402280
Note : If Inco	than the above p	ercentage of Gross Recaints is			402290
Note: If Inco		receipts, it is mandatory to have	a tax multi-		102280

Name of the Business	PROFESSIONS UNDER SECTION 44ADA	
	Business Code	
Citoss Receipts		Description
1		
	Page 4	

4. Presumptive Income under section 44ADA (>=50% of E3)or the amount claimed to have been earned, whichever is higher

Note: If income is less than 50% of Gross Receipts, it is mandatory to have a tax audit under 44AB and other ITR, as applicable, has to be filed.



Year

1

S.No.	Name of the Business	Bu	siness Code		Description
1		M - Comment			
SI no	Registration No. of goods carriage	Whether owned/leased/hired	Tonnage Capacity of goods carriage(in MT)	Number of months for which goods carriage was owned/ leased / hired by assessee	Presumptive income u/s 44AE for the goods carriage (Computed @ Rs.1000 per ton per month in case tonnage exceeds 12MT, or else @ Rs.7500 per month) or the amount claimed to have been actually earned, whichever is higher
1					•
E5.	Presumptive Income from Goods O NOTE-If the profits are lower than time exceed 10 then the the other I	prescribed under S.44AE or the num	mber of Vehicles owne	d at any	0
E6.	Salary and interest paid to the part. NOTE: This is to be filled up only				
E7.	Presumptive Income u/s 44AE (E5	-E6)			0
E8.	Income chargeable under Business	or Profession (E2c+E4+E7)			402280
E9.	INFORMATION REGARDING T	URNOVER/GROSS RECEIPT RE	PORTED FOR GST		
S.No.	GS	TIN No.	Annual V	alue of Outward Su	oplies as per the GST Return Filed
1					
E10.	Total of value of Outward Supplie	s as per the GST return filed			0
	NCIAL PARTICULARS OF THE BU For ET1 to E25 furnish the information				
E11.	Partners/Members own capital				248500
E12.	Secured loans		•		0
E13.	Unsecured loans				0
E14.	Advances				0
E15.	Sundry creditors				0
E16.	Other liabilities				0
	Total capital and liabilities (E11+	E12+E13+E14+E15+E16)			248500
E17.	Total capital and natimies (271)	11 1 12 16 16 16 16 16 16 16 16 16 16 16 16 16			0

E20	Sundry de	btors	*		, , , , , , , , , , , , , , , , , , , ,					1	Assessment	Year , 2020
F21	. Balance w	ith bar	iks									1290
E22	Cash-in-ha	ind	1									65
E23.	. Loans and	advan	ces			+-						
E34.	. Other Asse	ets										
E25.	. Total asset	s (E18	+E19+E20+	E21+E22	+E23÷E24)							17425
Note:	Please refer to	instruc	tions for fil	ling out th	nis schedule (E15, E19,	E20,	E22 are manda	itory :	and others if ave	ilable)		17423
				And the second second	CTED AT SOURCE						e(eXI	
S.No.			AN	1	Name of the En		1		come under Sa		Tax Dec	Instad
		Col	(1)		Col (2)				Col (3)		Col	
1	ı	KNCC)4610E		CAREER CON	VENT				1032680	Corr	
					EDUCATION	11.&				10.12.007		113400
		1-91			CHARITABLE	rrus	т					
•	TOTAL	1000										113400
Seh TI	DS 2(i) Details	of Tax	Deducted	at Source	on Income Other tha	ın Sala	ary [As per Fo	orm 1	6 A issued by I	Deductor(s)		113400
SLNo.	TAN of t	1000	And the latest to the	1000	prought forward (b/f)	_	TDS of the		DS credit being		g receipt offered	TDS credit
Col (1)	Deducto	r				curi	rent Fin. Year		claimed this		g receipt offered	being carried
	Col (2)								Year (only if			forward
									orresponding			Col (9)
									ceipt is being			Cur(y)
									offered for			
								t	ax this year)			
			Fin. Y	ear in	TDS b/f	TD	S Deducted	Т	DS Claimed	Gross Amount	Head of	
			which de	educted	Col (4)		Col (5)		Cul (6)	Col (7)	Income	
	MUMSecto		Col	(3)							Col (8)	
1	MUMS8618	4/					9677		9677	96512	Income from	(1
otel											Other Source	
	2(ii) Dataile of	T		14.				967	7			
I.No.	PAN of		haar No	Source	As per Form 16C fur	nished	by Deductor	(s)				
ol (1)	the Tenant		e tenant		Unclaimed TDS		TDS of the		TDS credit		sponding	TDS credit
	Col (2)		ol (3)	br	ought forward (b/f)		current Fin.	Year		receip	t offered	being carried
									this Year			forward
						BURNEY.			(only if			0 1
												Col (10)
									corresponding	1		Col (10)
	· · · · · · · · · · · · · · · · · · ·		1 1, 224							1		Col (10)

FORM ITR-V	ITR-4(SUGAM). IT	TAX RETURN VERIFIC urn of Income in Form ITR-1 (SAI R-5, ITR-7 filed but NOT verified	IAJ), ITR.	The state of the s	Assessment Yes 2020-21
Name	RUTH SHIFA ECKA	e Rule 12 of the Income-tax Rules, 196.	2)		()
PAN	AAFPE0794E	Form Number			
Filed u/s	139(1)-On or before due date	e-Filing Acknowledgement N	· Jumb	ITR-4 48292196022	
this return and verify	ledge and belief, the information 20820 is correct an re that I am making this return in it. I am holding permanent account.	given in the return which has be ad complete and is in accordance my capacity as <u>Self</u> ant number <u>AAFPE0794E</u>	een subm	broatstous of	mnly declare that to e acknowledgement the Income-tax Act competent to make
Signature					
Date of submission	22-08-2020 11:49:58	Source IP address	s 1.23.	233.155	
System Generated b		E044829219602208201F40503C22B2929	逶		

Instructions:

- Please send the duly signed (preferably in blue ink) Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, so as to reach within 120 days from date of submission of ITR. Alternately, you may e-verify the electronic transmitted return data using Aadhaar OTP or Login to e-Filing account through Net-Banking login or EVC obtained generated using Pre-Validated Bank Account/Demat Account or EVC generated through Bank ATM.
- 2. If Form ITR-V is received beyond the 120th day of electronic transmission of the return data or e-Verified beyond the 120th day of electronic transmission of the return data, then the day on which e-Verified or the Form ITR-V is the Income Tax Return and all consequences of Income Tax Act shall accordingly will be applicable.
- 3. Form ITR-V shall not be received in any other office of the Income Tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail Id registered in the e-Filing account.

On successful verification, the return filing acknowledgement can be downloaded from e-Filing portal as a proof of completion of process of filing the return of Income.

Fledgement Number	:	482921960220820
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1	1		Fin. Year in which deducted Col (4)		TDS Deducted Col (6)	TDS Claimed Col (7)	Gross Amount Col (8)	Head of Income Col (9)	6
T	otal				N I				
Sc	hedule T	CS Details of Tax Collected	at Source IA		0				
S.	No.	Tax Collection Account			by the Collector(s)				
		Number of the Collector	- mine of	Collector	Details of amount p		Tax Collected		nt out of
		Col (1)	Col	(2)	Col (3)	-		(4) bein	g claimed
1					Cur (3)		Col (4)	Co	1 (5)
	ТО	TAL	4.00						
Sch	IT - Deta	ils of Advance Tax and Self	Assessment Tax Par	Vments				1000000	
S.No		BSR Code							
		Col (1)		it(DD/MM/YY	YY) Serial Num	ber of Challan		Tax paid	
1		0007806		Col (2)	C	ol (3)		Col (4)	
	TOT		13/0	03/2020		70 .			60000
		AL.							60000
	Paid								.60000
D13.	Total	Advance Tax Paid		1000					
D14.	Total :	Self-Assessment Tax Paid							60000
015.	Total 7	TDS Claimed (total of column	4 of Schedule-TDS1	and selection 7					0
16.	Total T	CS Collected (total of column	1(5) of Column	and column / o	of Schedule-TDS2)				123077
17.		axes Paid (D13+D14+D15+D		S)					0
18.									183077
19.		payable (D12- D17, If D12>	D17)	21	4			- 1	
		(D17 - D12, If D17 > D12)							22660
20.		income only for reporting purp							0
	(If agricu	ltural income is more than Rs	.5,000/-, use ITR 3/5)					
	SI. No				(If 'Any Other' is selec				
	1			· · · · · ·	other is selec	cted)	Amount		
-	Total								
1	Details of	all Bank Account to the							0
a	(CCounte)	all Bank Accounts held in Ind	na at any time during	the previous yes	ar (excluding dormant				-
"	/	In case of non-residents, deta	ils of any one foreign	Bank Account	may be furnished for the				
1 2	urpose of	credit of refund)							
P	/	IFS Code of the bank	Nai	me of the Bank	Agen	unt No.			
P					Accor	unt Number		Account	
P							1		- 1
No.		UBIN0530221	LINION	BANK OF IND		2010108032	for Refu	nd Credit	

FRUTH SHIFA ECKA son/daughter of NIRANJAN ECKA 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 returns in my capacity as I am also competent to make this return and verify it. I am holding permanent account number AAFPE0794E

Place Lucknow

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

	TRP PIN (10 Digit)	T
	Name of TRP	1
	Amount to be paid to TRP	
n		

Details of investments

-		tment/ Deposit/ Payments for the purpose of claiming deduction under Chapter VIA			
	S.No.	Section			No
			during FY 2019-20	O (As	Deduction attributab investment/expendit made between 01.04.20
-	1.	80C - Life insurance premia, deferred annuity, contributions to provident fund,	and taxable total inc	ome)	31.07.2020(Out of Col ?
1	2.	shares or debentures, etc.		0	
	-	80CCC - Payment in respect Pension Fund			
	-	80CCD(1) - Contribution to pension scheme of Central Government		0	
4		80CCD(1B) -Contribution to pension scheme of Central Government		0	
5.	-	soccid(2) - Contribution to pension scheme of Central Government by		0	
6.	8	80D Health insurance premium		0	
7.	8	ODD - Maintenance including medical treatment of a dependent who is a person with		0	
	di	isability a dependent who is a person with		0	
8.	80	DDDB - Medical treatment of specified disease			
9.	80.	E - Interest on loan taken for higher education		0	(
10.	801	EE - Interest on loan taken for residential house property		0	0
1.	80E	EEA - Deduction in respect of interest on loan taken for certain house property		0	0
2.	80E	EB - Deduction in respect of purchase of electric vehicle		0	
3.	80G	- Donations to certain funds, charitable institutions, etc (Please fill 80G		, .	0
	schee	dule. This field is auto-populated from schedule.)		-	0
	80GC	G / Rent paid			0
	80GG	GC - Donation to Political party	0		
	Total		0		0
fule	80D		/ 0		0.
1	Whethe	er you or any of your family member (excluding parents) is a senior citizen?			0
S	elf and	d Family			No
	290				25000

	2	(i) Hea	alth Insurance	e								Asses	ssment Ye	ar · 202
1.		(ii) Pres	ventive Healt	h Checkur							1		7	19 202
(b	o) se	II and Famil	y (Senior Cit	(Zen)					100		-		(1)	30
			h Insurance											
	(ii		-											
	(iii) Media	ntive Health	Checkup										
2	Whe	thermo	ar Expenditu	re (This de	duction to be	· claimed	I on which h	ealth insurance						-
(a)	Paren	to any one	of your pare	nts is a ser	nior citizen			msurance	is not cl	aimed)				
	+	1										N	ot claimin.	
	(i)	-	nsurance				-						ot claiming	for Parents
- (b)	(ii)	Prevention	ve Health Ch	eckup										0
(0)	-	(Senior Citi	-											0
-	(i)	Health Ins												0
	(ii)	Preventive	Health Chec	:kup						1				0
	(iii)	Medical Ex								-				0
3 E	Eligible A	mount of De	eduction							-				0
DETAILS (OF DON	ATIONS F	NTITLE							-				0
A Donations S No. Nan	s entitled	for tone		FOR DED	OUCTION U	NDER S	SECTION 8	OG .						25000
								the	Donce	Donation		1	Eligi	
l Fotal A							-			in cash	in other	er Donatie		
Total A	stitled to			-11							in oth	er Donatio	on Donati	on
Fotal A B. Donations ent	of the D	50% dedu	ction withou	it qualifyi	ng limit					in cash	in oth	er Donatio	On Donati	on 0
Fotal A Donations ent	ititled for	50% dedu		it qualifyi	-	Code	Pincode			in cash	in oth	O (On Donati	on
Total A Donations ent	ntitled for	50% dedu	ddress (wn State	Code	Pincode	PAN	of	in cash	in oth	Donation Don	Donati	on 0
Total A Donations ent	ntitled for	50% dedu	ddress (lity or To	wn State	Code	Pincode		of	in cash 0 0 Amou	in oth	Donation Donation	Donati	0
Total A Donations ent	ititled for	50% dedu	ddress (lity or To	wn State	Code	Pincode	PAN	of D	onation	in oth	Donation Donation Total	Donati Donati Eligible Amount of	0
Donations ent	, the Doi	50% dedu	ddress (lity or To	wn State	Code	Pincode	PAN	of D	onation n cash	in oth mode	Donation Donation Total	Donati	0
Cotal A Donations ent No. Name of	n the Doi	nce Ac	ddress	Tity or To	wa State	Code	Pincode	PAN	of D	onation n cash	in other	Donation Donation Total	Eligible Amount of	0
Fotal A B. Donations entitled No. Name of	ed for 100	nce Ac	ddress	Tity or To	wa State	Code	Pincode	PAN	of D	onation n cash	in other mode	Donation Donation O O O O O O O O O O O O O	Eligible Amount of Donation	0
Fotal A B. Donations ent No. Name of	ed for 100	nce Ac	on subject to	City or To or Distric	state State			PAN	of D	onation n cash	in other mode	Donation Donation Donation	Eligible Amount of	0
Fotal A B. Donations entitled No. Name of	ed for 100	D% deduction	on subject to	or Distric or qualifyir or Town	wa State		Pincode	PAN	of D	onation on cash	in other mode O O O O O O O O O O O O O	Donation Donation O O O O O O O O O O O O O	Eligible Amount of Donation	0
Fotal A B. Donations entitled No. Name of	ed for 100	D% deduction	on subject to	City or To or Distric	state State			PAN 6 the Don	of D	onation on cash	in other mode O O O O O O O O O O O O O	Donation Total Donation 0 0 0	Eligible Amount of Donation	0
Total A 3. Donations entitled No. Name of	ed for 100	D% deduction	on subject to	or Distric or qualifyir or Town	state State			PAN of	of D	onation on Cash Amount of the Control of the Cash	in other mode Of donation of donation ation	Donation Total Donation O O Am Total Am	Eligible Amount of O Cligible Count of	0
Total A 3. Donations ent No. Name of No. Name of Name of the	ed for 100	D% deduction	on subject to	or Distric or qualifyir or Town	state State			PAN of	Dona.	onation of the cash of the cas	in other mode O of donation ation cher Do	Donation Total Donation O O Am Total Am	Eligible Amount of Donation	0
Total A 3. Donations entitled No. Name of	ed for 100	D% deduction	on subject to	or Distric or qualifyir or Town	state State			PAN of	Dona.	onation on Cash Amount of the Control of the Cash	in other mode O of donation ation cher Do	Donation Total Donation O O Am Total Am	Eligible Amount of O Cligible Count of	0

nowledgement Number : 482921960220820

'Assessment Year .24

S No.	Name of the Donee	Address	City or Town	State	Pincode	PAN of	Amount of donation			Eligible
-			or District			the Donce	Donation in cash	Donation in other mode	Total Donation	Amount of Donation
Total D							0	0	0	(,
Total D	tions (A + B + C+ D)		10.00	6			0	0	0	
	D. C. D. C. D.						0	0	0	100 St.

Income Tax Return submitted electronically on 22/08/2020 from IP Address 1.23.233.155 and NOT VERIFIED. Please Verify this income tax return using any one of the below mode.

^{1.} e-Verification option available in eFiling portal under My Account --> e-Verify Return

^{2.} By sending the duly signed (preferably in blue ink) Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru - 560500", by ORDINARY OR SPEED POST ONLY, so as to reach within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner.



TRACES

Centralized Pracessing Cell — TDS Reconciliation Analysis and Correction Enabling System



Form 26AS

Annual Tax Statement under Section 203AA of the Income Tax Act, 1961

Section 203AA and second procession to Section 206C (5) of the Income Fax Act. 1961 and Rule 31AR of Income Fax Rules. 1962

auent Account Number (PAN) AAFPF0794F. Name of Assessee Address of Assessee

Current Status of PAN Active RUTH SHIFA ECKA

Financial Year 2019-20

TAN of Deductor Total Amount Paid/ Total Tax Deducted Total TDS

DEPARTMENT OF PATHOLOGY, PGI, SEC 12, CHD, CHANDIGARH,

- Above data / Status of PAN is as per PAN details. For any changes in data as mentioned above, you may submit request for corrections. Refer www.tin-nsdl.com / www.utiitsl.com for more details. In case of discrepancy in status of PAN please contact your Assessing Officer
- · Communication details for TRACES can be updated in 'Profile' section. However, these changes will not be updated in PAN database as mentioned above

PART A - Details of Tax Deducted at Source

Name of Deductor

100						Credited	国际的现在分词	Deposited
		R CONVENT EDUCAT			LKNC04610E	780100.00	90900,00	3,00000
Sr. No.	Section 1	Transaction Date	Status of Booking*	Date of Booking	Remarks**	Amount Paid / Credited	Tax Deducted ##	TDS Deposited
1	192	27-Dec-2019	F	03-Feb-2020		84000,00	10100.00	10100.0
2	192	26-Nov-2019	F	03-Feb-2020		87100.00	10100.00	10100.0
3	192	22-Oct-2019	F	03-Feb-2020		69000.00	10100.00	10100.0
4	192	01-Sep-2019	F	11-Nov-2019		90000.00	10100.00	10100 0
5	192	26-Aug-2019	F	11-Nov-2019		90000.00	0100.00	10100 (
6	192	24-Jul-2019	· ·	11-Nov-2019		90000.00	0100.00	141141
7	192	18-Jun-2019	1	28-Aug-2019		90000,00	(0100,00	10100
8	192	02-May-2019	P	28-Aug-2019		90000.00	19100,00	10100
4	192	02-Apr-2019	F	28-Aug-2019		90000,00	10100.00	10100.
Sr. No.	atarona estal	Name o	f Deductor		TAN of Deductor	Total Amount Paid/ Credited	Total Tax Deducted#	Total TDS Deposited
2		STATE BAT	NK OF INDIA		MUMS86184A	38166.00	3827,00	3827.0
Sr. No.	Section 1	Transaction Date	Status of Booking*	Date of Booking	Remarks**	Amount Paid / Credited	Tax Deducted **	TDS Deposited
1	1944	31-Dec-2019	F	01-Feb-2020		557.00	56.00	\$6.1
3	1944	13-Dec-2019	F	01-Feb-2020		27.00	3.00	
1	194A	30- New-2019	T.	01-Feb-2020		1631.00	164-00	1/14
4	UNIA	22/Nov-2019		01-Feb-2020		410.00	41.00	41
1	194A	22-Nov-2019	F	01-Feb-2020		13938.00	1394.00	1394
4	1944	22-Nov-2019	F	01-Feb-2020		741.00	75,00	75.
*	1947	22-Noy-2019	F	01-Feb-2020		676.00	68.00	68
8	194A	22-Nov-2019	F	01-Feb-2020	1	655.00	66,00	66.
9	194A	22-Nov-2019	F	01-Feb-2020		104.00	11.00	11,
10	194A	22-Nov-2019	F	01-Feb-2020		1620.00	162.00	162.
11	194A	22-Nov-2019	F	01-Feb-2020		1251.00	126,00	126.
12	194A	22-Nov-2019	P	01-Feb-2020		2031.00	204,00	204
13	194A	22-Nov-2019	1 1	01-Feb-2020		489,00.	49 (00)	19
14	1944	[4-Nov-2019	4	. 01-Feb-2020		80.00	×.00	
	1047	30-Sep-2019	F	26-Oct-2019		2926.00	293,00	293.
10	1044	31-Aug-2019	T T	26-Oct-2019		980.00	98.00	9x.
	1047	31-Aug-2019	- +	26-Oct-2019		1615.00	162,00	162
18	194A	31-Jul-2019	F	26-Oct-2019		2469.00	247.00	247.
19	194A	31-Jul-2019	F	26-Oct-2019		594.00	60.00	60.
20	194A	31-Jul-2019	F	26-Oct-2019	-	1969.00	197.00	197.0
21	194A	30-Jun-2019	F	08-Aug-2019		1931.00	194.00	194,
22	194A	30-Jun-2019	F.	08-Aug-2019		507.00	51.00	51.
23	194A	31-May-2019	F	08-Aug-2019		153,00	53,00	53
34	1944	1-May-2019	4	08-Aug-2019		444:00	45.00	451
25	1944	29-Apr-2019	1	08-Aug-2019		368.00	0.00	0.6

1 * Important : Please see notes overleaf before Single Copy (to be sent to the filling up the challan Tax Applicable (Tick One)* CHALLAN (0020) INCOME-TAX ON COMPANIES Assessment Year NO./ **ITNS 280** (CORPORATION TAX) 2 0 2 0 (0021) INCOME TAX (OTHER THAN * COMPANIES) Permanent Account Number A A F P E 0 7 9 4 E Full Name RUTH E S HI F CK A Complete Address with City & State U 0 1 2 N I R L N A G A R L C K N A A Pin 0 Tel. No. 2 2 6 Type of Payment (Tick One) Advance Tax (100) ** Surtax (102) Tax on Distributed Profits of Domestic Companies (106) Self Assessment Tax (300) Tax on Distributed Income to Unit Holders (107) Tax on Regular Assessment (400) DETAILS OF PAYMENTS FOR USE IN RECEIVING BANK Amount (in Rs. Only) Income Tax Debit to A/c / Cheque credited on 0 0 0 0 6 Surcharge Education Cess SPACE FOR BANK SEAL Interest Penalty Others Total 6 0 0 0 0 Total (in words) THOUSANDS CRORES LACS HUNDREDS TENS UNITS SIXTY Paid in Cash/Debit to A/c/Cheque No. Dated Drawn on (Name of the Bank and Branch) Date: Signature of person making payment Rs. SPACE FOR BANK SEAL Taxpayers Counterfoil (To be filled up by tax payer) PAN Received from (Name) Cash Debit to A/c /Cheque No. For Rs. Rs. (in words) Drawn on (Name of the Bank and Branch) Companies/Other than Companies/Tax

(Strike out whichever is not applicable)
(To be filled up by person making the payment)

Rs.

on account of Income Tax on

Type of Payment for the Assessment Year



e-Nivaran

Acknowledgment No Grievance UID

IP Address

100000002599468

202003120484907 123.136.216.185

		0.	123.130.210.133
PERSONAL DET.	MLS .	Grievance Date	12-03-2020
Name of Taxpayer	RUTH SHIFA ECKA		
Received From		PAN/TAN	AAFPE0794E
Email ID	info@_l	Relation	
Flat/Door/Block No	info@adaassociates.c o.in	Mobile No	7236957777
Road/Street	C-127	Name of Premises	
	NIRALA NAGAR	Area/Locality	Lucknow
Town/City	LUCKNOW	State	
Pincode	226018	Country	UTTAR PRADESH
GRIEVANCE DET.	AILS	Country	INDIA
ssessment Year	2019-20	T72.	
ddressed To	Centralized Processing Center for Income Tax Returns	Financial Year	
esolution Sought From	Centralized Processing Center for Income Tax	PAN Application No	
	Returns(CPC-ITR)		
ievance Category	DEMAND		
ievance Subcategory	Demand Not correct/Disagree		
N			
t of attachments	Challan Copy		112 112
Name	challan78090.pdf		
RIEVINCEDE			

GRIEVANCE DESCRIPTION

Dear Sir, We have already deposited a mount of Rs. 78090/- against self assesse d tax after submitting ITR. Challan co py s attached for your kind reference. Difference of amount in processing order will also be submitted against demand c orrection. I request you to kindly ad just the deposited tax amount and provide us the correct

Expenditure for the year ended on 31.03.2020		Julia ratiology	1089	
Expenditure Expenditure Income	Statement of Inc	ome & Expenditure for	the year ended on 31.03.2020	
Name	Expanditure			
Amount			Income	
trol bile entity and statinery bile entity and statinery bile entity and statinery bile entity and statinery bile entity bile entity and statinery color col	CALABY	Amount		
Inting and statinery bile enting and statinery bag met met met met met met met me	SALARY	13,25,500.00	Receints From Date -1	Amount
8. 149.00 8. Faizabad 16,800.00 1,9,800.00 3,705.00 3,	petrol	1,35,850,00	A Sultanniir	
### of the cone over Expenditure with the page 16,800.00 16,149.00 16,800.00 1,140.00 3,705.00 3,705.00 3,705.00 3,705.00 3,705.00 24,500.00 24,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,800.00 2,10,000.00 2	mobile	18 140 00	p r	4,29,940.00
10,800.00 10,800.00 10,800.00 10,800.00 3,705.00 3,705.00 3,705.00 3,705.00 3,705.00 3,705.00 24,500.00 24,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 1,500.00 2,600.00 2,600.00 2,600.00 2,405.00 2,405.00 2,1	fare	16,149.00	B. Falzabad	7.23.000 00
## ## ## ## ## ## ## ## ## ## ## ## ##	printing and statinery	16,800.00	C. Lucknow	15.28.930.00
met e service liSHEK SALARY N COURT N COURT N COURT NOUCHER E &C. RENWAL IRANCE BIKE TAGE APUTER REPAIR EXP. BILL MAITRIAL EXP. BILL MAITRIAL EXP. BILL TRICITY BILL ER PAD &ENVELOP TRICITY BILL ER PAD &ENVELOP SI TRICITY BILL ER EXP. BO,	cary bag	7,140.00		
e service 8,3 IISHEK SALARY N COURT N COURT S. VOUCHER E. &C. RENWAL I. OO I. S.	itelmot	00.507,5		
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ISHEK SALARY N COURT N COURT Sec. Renwal JRANCE BIKE TAGE IPUTER REPAIR EXP. BILL MAITRIAL EXP. BILL MAITRIAL EXP. STRICTLY BILL ER PAD &ENVELOP STRICTLY BILL ER PAD. STRICTLY BILL ER PAD. STRICTLY BILL STRICTLY BILL ER PAD. STRICTLY BILL S	DIRE SEIVICE	8,360.00		
N COURT N COURT VOUCHER R.C. RENWAL JRANCE BIKE TAGE TAGE TPAGE	ABHISHEK SALARY	24 500 00		
WOUCHER S&C. RENWAL JRANCE BIKE TAGE TAGE TAGE TAGE TAGE TO SHILL T	RAIN COURT	00.000,72		
Sec. Renwal JRANCE BIKE TAGE TAGE APUTER REPAIR EXP. BILL MAITRIAL EXP. ER PAD &ENVELOP TRICITY BILL ER EXP. ER EXP. 90, ER EXP. 10, ER MACHINE DRY 2,10, 2,10, 3,37,	BILL VOUCHER	500.00		
JRANCE BIKE TAGE TAGE TO SERVICE TO SERVICE TO SERVICE TO SERVICE TO SERVICE SERVIC	BIKE &C. RENWAL	1,000.00		
TAGE IPUTER REPAIR EXP. BILL MAITRIAL EXP. ER PAD &ENVELOP STRICITY BILL ER EXP. ER EXP. ER EXP. EDRY 2, 10	INSURANCE BIKE	1,500.00		
APUTER REPAIR EXP. BILL MAITRIAL EXP. ER PAD &ENVELOP 5 TRICITY BILL ER EXP. ER EXP. ER MACHINE E DRY 2,10 8 6,37	CARTAGE	1,000.00		
BILL MAITRIAL EXP. ER PAD &ENVELOP 5 TRICITY BILL ER EXP. ER EXP. EDRY Sof Income over Expenditure 6,3:	COMPUTER REPAIR FXP	2,800.00		
MAITRIAL EXP. ER PAD &ENVELOP TRICITY BILL ER EXP. SER EXP. SER MACHINE EDRY C.11C Stof Income over Expenditure 6,3:	WIFI BILL	2,600.00		
ER PAD &ENVELOP TRICITY BILL ER EXP. RGY WASTE ER MACHINE E DRY 2,1	AB MAITRIAL EXP	7,800.00		
ER EXP. ER EXP. ER CY WASTE ER MACHINE E DRY Sof Income over Expenditure 6,	ETTER PAD &ENVELOP	54,205.00		
ER EXP. RGY WASTE ER MACHINE E DRY Sof Income over Expenditure 6,	LECTRICITY BILL	00.671,10		
RGY WASTE ER MACHINE E DRY Sof Income over Expenditure 6,	OTHER EXP.	63,000.00		
E DRY Sof Income over Expenditure	YNERGY WASTE	90,000.00		
DRY s of Income over Expenditure	VATER MACHINE	00.008,01		
ss of Income over Expenditure	ORF DRY	8,229.00		
is of Income over Expenditure		2,10,000.00		
s of Income over Expenditure				
	xcess of Income over Expenditure	6 37 202 00		
		00.202, 10.0		
	Total	76 81 870 00 Tot		



26,81,870.00

4				4.29.940.00 7.23,000.00 15.28,930.00	
Statement of Income & Expenditure for the year ending on 31 or occ.	E OH 31.03.2020		Particulars	Receipts From Pathology A. Sultanpur B. Faizabad C. Lucknow	
Statement of income & Expenditu	Expenditure	Amount Total Amount		13,50,000.00 1,52,650.00 30,320.00 54,205.00 72,580.00 63,575.00 1,08,020.00 35,860.00 8,229.00 2,10,000.00 1,61,280.00 4,35,151.00	
	Particulose	SIRINGIES	SALARY	Local Convence Mobile & Internet Lab Running Exp Printing & Stationary Electricity Bill Office Expenses Repair & Maintenance Office Machinery CORE DRY Misc Exp	Total