

ITR-1 SAHAJ INDIVIDUAL INCOME TAX RETURN

(For Individuals having Income from Salaries, One house property, Other sources (Interest etc.) Refer to Instructions for eligibility.)

Assessment Year

2016-17

| | | | | | | | |
|---|--|--|--|-------------------------------------|--|-------------------------------|--|
| (A1) First name | | (A2) Middle name | | (A3) Last name | | (A4) Permanent Account Number | |
| (A5) Sex (Tick) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | (A6) Date of Birth (DD/MM/YYYY) | | (A7) Income Tax Ward/Circle | | | |
| (A8) Flat/Door/Building | | (A9) Name of Premises/ Building/ Village | | (A10) Road/Street | | (A11) Area/locality | |
| (A12) Town/City/District | | (A13) State | | (A15) Pin code | | (A16) Email Address | |
| | | (A14) Country | | | | | |
| (A17) Mobile No./Residential/Office Phone Number with STD code | | | | (A18) Mobile No. 2 | | | |
| (A19) Fill only one if you belong to- <input type="checkbox"/> Govt. <input type="checkbox"/> PSU <input type="checkbox"/> Others | | | | | | | |
| (A20) Fill only one- Tax Refundable <input type="checkbox"/> Tax Payable <input type="checkbox"/> Nil Tax Balance <input type="checkbox"/> | | | | | | | |
| (A21) Residential Status (Tick) <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident but Not Ordinarily Resident | | | | | | | |
| (A22) Fill only one: Filed- <input type="checkbox"/> On or before due date -139(1), <input type="checkbox"/> After due date -139(4), <input type="checkbox"/> Revised Return-139(5) or In response to notice under section <input type="checkbox"/> 139(9)-Defective <input type="checkbox"/> 142(1) <input type="checkbox"/> 148 <input type="checkbox"/> 153A/153C or <input type="checkbox"/> Under Sec. 119(2)(b) | | | | | | | |
| (A23) Whether Person governed by Portuguese Civil Code under Section 5A Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| (A24) If A23 is applicable, PAN of the Spouse | | | | | | | |
| (A25) If revised/defective, then enter Receipt No and Date of filing original return (DD/MM/YYYY) | | | | / / | | | |
| (A26) If filed in response to notice u/s 139(9) /142(1)/148/153A/153C, enter the date of such notice | | | | / / | | | |
| (A27) Whether you have Aadhar Number <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | (A28) If A27 is yes, please provide | | | |

PART B GROSS TOTAL INCOME

Whole- Rupee(₹) only

| | | | |
|----|---|--------|--|
| B1 | Income From Salary /Pension NOTE- Ensure to Fill "Sch TDS1" given in Page 2 | B1 | |
| B2 | Income from One house property Self Occupied <input type="checkbox"/> Let Out <input type="checkbox"/> (If loss, put the figure in negative) | B2 () | |
| B3 | Income from Other Sources(In case of loss use ITR 2) NOTE- Ensure to Fill "Sch TDS2" given in Page 2 | B3 | |
| B4 | Gross Total Income (B1+B2+B3) (If loss, put the figure in negative) | B4() | |

PART C – DEDUCTIONS AND TAXABLE TOTAL INCOME (Refer to instructions for limits on Amount of Deductions as per "Income Tax Act")

| | | | | | |
|-----|---------------------------------------|-----|----------|-----|-----------|
| C1 | 80C | C2 | 80CCC | C3 | 80CCD (1) |
| C4 | 80CCD (1B) | C5 | 80CCD(2) | C6 | 80CCG |
| C7 | 80D | C8 | 80DD | C9 | 80DDB |
| C10 | 80E | C11 | 80G | C12 | 80GG |
| C13 | 80GGA | C14 | 80GGC | C15 | 80RRB |
| C16 | 80QGB | C17 | 80TTA | C18 | 80U |
| C19 | Total deductions (Total of C1 to C18) | | | C19 | |
| C20 | Taxable Total Income (B4-C19) | | | C20 | |

FOR OFFICE USE ONLY

STAMP RECEIPT NO.
HERE

SEAL, DATE AND SIGNATURE OF RECEIVING OFFICIAL

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PART D – TAX COMPUTATIONS AND TAX STATUS

| | | | |
|-----|--|-----|--|
| D1 | Tax payable on total income(C20) | D1 | |
| D2 | Rebate on 87A | D2 | |
| D3 | Tax payable after Rebate (D1-D2) | D3 | |
| D4 | Surcharge if C20 exceeds ₹ 1 Crore | D4 | |
| D5 | Cess, on (D3+D4) | D5 | |
| D6 | Total Tax Surcharge and Cess (D3+D4+D5) | D6 | |
| D7 | Relief u/s 89 | D7 | |
| D8 | Balance Tax after Relief (D6-D7) | D8 | |
| D9 | Total Interest u/s 234A | D9 | |
| D10 | Total Interest u/s 234B | D10 | |
| D11 | Total Interest u/s 234C | D11 | |
| D12 | Total Tax and Interest(D8+D9+D10+D11) | D12 | |
| D13 | Total Advance Tax Paid | D13 | |
| D14 | Total Self-Assessment Tax Paid | D14 | |
| D15 | Total TDS Claimed | D15 | |
| D16 | Total TCS Claimed | D16 | |
| D17 | Total Taxes Paid (D13+D14+D15+D16) | D17 | |
| D18 | Amount payable (D12 – D17)(if D12 > D17) | D18 | |
| D19 | Refund (D17 – D12)(if D17 > D12) | D19 | |
| D20 | Exempt Income only for Reporting Purpose (If agricultural income is more than Rs 5000/- use ITR 2 or 2A) | | |

| | | | | | | |
|--------------|-----|---|----------------------|------------------|---|------------------|
| BANK ACCOUNT | D21 | Details of all Bank Accounts held in India at any time during the previous year (excluding dormant accounts) | | | | |
| | | Total number of savings and current bank accounts held by you at any time during the previous year (excluding dormant accounts). Provide the details below. | | | | |
| | | Sl. | IFS Code of the Bank | Name of the Bank | Account Number (the number should be 9 digits or more as per CBS system of the bank) | Savings/ Current |
| | | i | | | | |
| | | ii | | | | |

VERIFICATION

I, _____ son/ daughter of _____ solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to Income-tax for the previous year relevant to the Assessment Year **2016-17**.

Place

Sign here ➔

Date

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|
| TRP PIN (10 Digit) | | | | | | | | | | Name of TRP | | | | | | | | | | TRP Signature | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be paid to TRP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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Schedule IT Details of Advance Tax and Self-Assessment Tax payments

| | BSR Code | | | | | | Date of Deposit (DD/MM/YYYY) | | | | | | Serial Number of Challan | | | | | | Tax paid | | | | | |
|----|----------|--|--|--|--|--|------------------------------|--|--|--|--|--|--------------------------|--|--|--|--|--|----------|--|--|--|--|--|
| | Col (1) | | | | | | Col (2) | | | | | | Col (3) | | | | | | Col (4) | | | | | |
| R1 | | | | | | | | | | | | | | | | | | | | | | | | |
| R2 | | | | | | | | | | | | | | | | | | | | | | | | |
| R3 | | | | | | | | | | | | | | | | | | | | | | | | |
| R4 | | | | | | | | | | | | | | | | | | | | | | | | |
| R5 | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE ► Enter the totals of totals of Advance tax and Self-Assessment tax in D13 & D14**Schedule TDS1 Details of Tax Deducted at Source from Salary [As per Form 16 issued by Employer(s)]**

| | Tax Deduction Account Number (TAN) of the Employer | | | | | | Name of the Employer | | | | | | Income chargeable under Salaries | | | | | | Tax deducted | | | | | |
|----|--|--|--|--|--|--|----------------------|--|--|--|--|--|----------------------------------|--|--|--|--|--|--------------|--|--|--|--|--|
| | Col (1) | | | | | | Col (2) | | | | | | Col (3) | | | | | | Col (4) | | | | | |
| S1 | | | | | | | | | | | | | | | | | | | | | | | | |
| S2 | | | | | | | | | | | | | | | | | | | | | | | | |
| S3 | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE ► Please enter total of column 4 of Schedule-TDS1 and column 6 of Schedule-TDS2 in D15**Schedule TDS2 Details of Tax Deducted at Source on Income Other than Salary [As per Form 16 A issued by Deductor(s)]**

| | Tax Deduction Account Number (TAN) of the Deductor | | | | | | Name of the Deductor | | | | | | Unique TDS Certificate Number | | | | | | Deducted year | | | | | | Tax Deducted | | | | | | Amount out of (5) claimed this Year | | | | | | If A23 is applicable, amount claimed in the hands of spouse | | | | | |
|----|--|--|--|--|--|--|----------------------|--|--|--|--|--|-------------------------------|--|--|--|--|--|---------------|--|--|--|--|--|--------------|--|--|--|--|--|-------------------------------------|--|--|--|--|--|---|--|--|--|--|--|
| | Col (1) | | | | | | Col (2) | | | | | | Col (3) | | | | | | Col (4) | | | | | | Col (5) | | | | | | Col (6) | | | | | | Col (7) | | | | | |
| T1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| T4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTE ► Please enter total of column 4 of Schedule-TDS1 and column 6 of Schedule-TDS2 in D15**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 | Tax Collected | Amount out of (4) being claimed | Amount out of (4) being claimed in the hands of spouse, if section 5A is applicable |
|-------|--|-----------------------|---------------|---------------------------------|---|
| (1) | (2) | (3) | (4) | (5) | (6) |
| i | | | | | |
| ii | | | | | |

NOTE ► Please enter total of column (5) of Schedule-TCS in D16

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Schedule AL Asset and Liability at the end of the year (Applicable in a case where total income exceeds Rs. 50 lakh)

| DETAILS OF ASSET AND LIABILITY | A | Particulars of Asset | Amount (Cost) (Rs.) |
|--------------------------------|---|--------------------------------------|---------------------|
| | 1 | Immovable Asset | |
| | a | Land | |
| | b | Building | |
| | 2 | Movable Asset | |
| | a | Cash in hand | |
| | b | Jewellery, bullion etc. | |
| | c | Vehicles, yachts, boats and aircraft | |
| | 3 | Total | |
| | B | Liability in relation to Assets at A | |

Supplementary Schedule TDS 1(to be used only after exhausting item S1-S3 of Schedule TDS1 in main form etc.

| | Tax Deduction Account Number (TAN) of the Employer | Name of the Employer | Income chargeable under Salaries | Tax deducted |
|-----|--|----------------------|----------------------------------|--------------|
| | Col (1) | Col (2) | Col (3) | Col (4) |
| S4 | | | | |
| S5 | | | | |
| S6 | | | | |
| S7 | | | | |
| S8 | | | | |
| S9 | | | | |
| S10 | | | | |
| S11 | | | | |
| S12 | | | | |
| S13 | | | | |
| S14 | | | | |
| S15 | | | | |
| S16 | | | | |
| S17 | | | | |
| S18 | | | | |
| S19 | | | | |

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| S20 | | | |
| S21 | | | |
| S22 | | | |
| S23 | | | |
| S24 | | | |
| S25 | | | |
| S26 | | | |
| S27 | | | |
| S28 | | | |
| S29 | | | |
| S30 | | | |

Supplementary Schedule TDS 2(to be used only after exhausting item T1-T4 of Schedule TDS2 in main form etc.

| | Tax Deduction Account Number (TAN) of the Deductor | Name of the Deductor | Unique TDS Certificate Number | Financial Year in which TDS is Deducted | Total Tax Deducted | Amount out of (5) claimed this Year | If A23 is applicable, amount claimed in the hands of spouse |
|-----|--|----------------------|-------------------------------|---|--------------------|-------------------------------------|---|
| | Col (1) | Col (2) | Col (3) | Col (4) | Col (5) | Col (6) | Col (7) |
| T5 | | | | | | | |
| T6 | | | | | | | |
| T7 | | | | | | | |
| T8 | | | | | | | |
| T9 | | | | | | | |
| T10 | | | | | | | |
| T11 | | | | | | | |
| T12 | | | | | | | |
| T13 | | | | | | | |
| T14 | | | | | | | |
| T15 | | | | | | | |
| T16 | | | | | | | |
| T17 | | | | | | | |
| T18 | | | | | | | |
| T19 | | | | | | | |
| T20 | | | | | | | |
| T21 | | | | | | | |

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| T22 | | | | | | | |
| T23 | | | | | | | |
| T24 | | | | | | | |
| T25 | | | | | | | |
| T26 | | | | | | | |
| T27 | | | | | | | |
| T28 | | | | | | | |
| T29 | | | | | | | |
| T30 | | | | | | | |
| T31 | | | | | | | |

Supplementary Schedule IT (to be used only after exhausting item R1-R5 of Schedule IT in main form etc.

| | BSR Code | Date of Deposit (DD/MM/YYYY) | Serial Number of Challan | Tax paid |
|-----|----------|------------------------------|--------------------------|----------|
| | Col (1) | Col (2) | Col (3) | Col (4) |
| R6 | | | | |
| R7 | | | | |
| R8 | | | | |
| R9 | | | | |
| R10 | | | | |
| R11 | | | | |
| R12 | | | | |
| R13 | | | | |
| R14 | | | | |
| R15 | | | | |
| R16 | | | | |
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| R18 | | | | |
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| R21 | | | | |
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| R25 | | | |
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| R27 | | | |
| R28 | | | |
| R29 | | | |
| R30 | | | |
| R31 | | | |
| R32 | | | |