

FORM

ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature].
(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year

2016-17.

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name POOJA SHARMA		PAN BVAPS4488L	
Flat/Door/Block No 221	Name Of Premises/Building/Village		Form No. which has been electronically transmitted ITR-4
Road/Street/Post Office NAGENDRA NATH ROAD	Area/Locality DUM DUM		Status Individual
Town/City/District 24-PARGANA (NORTH)	State WEST BENGAL	Pin 700028	Aadhaar Number 502180142246
Designation of AO (Ward / Circle) I, T. O. WARD - 42 (2) / KOL.		Original or Revised	ORIGINAL
E-filing Acknowledgement Number 782741310260517		Date(DD-MM-YYYY)	26-05-2017

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income	1	346927
2	Deductions under Chapter-VI-A	2	78745
3	Total Income	3	268180
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	0
5	Interest Payable	5	0
6	Total Tax and Interest Payable	6	0
7	Taxes Paid		
a	Advance Tax	7a	0
b	TDS	7b	0
c	TCS	7c	0
d	Self Assessment Tax	7d	0
e	Total Taxes Paid (7a+7b+7c +7d)	7e	0
8	Tax Payable (6-7e)	8	0
9	Refund (7e-6)	9	0
10	Exempt Income	10	
	Agriculture		
	Others		

VERIFICATION

I, **POOJA SHARMA** son/ daughter of **ASHOK SHARMA**, holding Permanent Account Number **BVAPS4488L** solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above 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. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here Pharma Date **26-05-2017** Place **24-PARGANA (NORTH), W. B.**

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

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only
Receipt No

Filed from IP address **117.194.45.180**

Date

Seal and signature of
receiving official



BVAPS4488L047827413102605170F62D5079EF54132EA32BE4E92CF2AFA2F0BBF12

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED POST ONLY**, 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. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address **UJJWALBERA1993@GMAIL.COM**