FORM

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ii

Value of perquisites as per section 17(2)

Profit in lieu of salary as per section 17(3)

notified country u/s 89A

17(1)/17(2)/17(3)]

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 or if income-tax is deferred on ESOP or has agricultural income more than Rs.5000](Please refer instructions for eligibility)

Assessment Year 2023 - 24

Date of Filing: 30-Jul-2023*

| PART A G | GENERAL IN | FORMATION | | | | | |
|---------------------------|-------------------------------|-------------------------------------|---|--|----------------|-------------------------------|---|
| (A1) PAN CMVPG7 | 664P | | (A2) First Name JENIL | (A2a) Middle Name RAMESHBHAI | | (A3) Last Na GONDALIY | |
| (A4) Date 18/01/19 | | | (A5) Aadhaar Number(12 digits)/Aad eligible for Aadhaar No.) 8xxx xxxx 1870 | haar Enrolment Id(28 di | gits) (if | (A6) Mobile +91 73599 | |
| (A7) Emai jenil.r.go | il Address ondaliya@gı | mail.com | (A8) Flat/Door/Block No. 38 | (A9) Name of Premises/Building/Villa Lakhapadar | ige | Area/Localit | Street/Post Office, y ır B.O Lakhapadar |
| (A11) Tow AMRELI | vn/City/Distri | ct | (A12) State 11-Gujarat | (A13) Country/Region 91-INDIA | | (A14) PIN Co 365635 | ode/ZIP Code |
| (A17) Nati | ure of emplo | yment | | Others | | | |
| (A15)(a) F | Filed u/s (Tick | ()[Please see in | struction] | 139(1)-On or before | due date | | |
| (A16) Or F | Filed in respo | onse to notice u | /s | | | | |
| , , | evised/defect eturn (DD/MM | | Receipt No. and Date of filing of | | | | |
| 119(2)(b)- | | ie Number/ Dod | : 139(9)/142(1)/148/153C or order u/s cument Identification Number (DIN) & | | | | |
| (A20) Are □ Yes 🗹 N | | or new tax regi | me u/s 115BAC? | | | | |
| 🗋 Yes 🗹 N | Νο | | under Seventh proviso to section 139 | and the same | • | | , , |
| filing retur | rn of income | due to fulfilling | ation [Note: To be filled only if a perso one or more conditions mentioned in | the seventh proviso to | section 139(1 | | er section 139(1) but |
| | ountry for you | expenditure of any | an amount or aggregate of amount e. other person? | xceeding Rs. 2 lakhs for | travel to a | 0 | |
| | during the p | expenditure of previous year? | amount or aggregate of amount exce | eeding Rs. 1 lakh on con | sumption of | 0 | |
| (iv) Are yo | ou required to | o file a return a n the drop dow | s per other conditions prescribed und n menu) | ler clause (iv) of seventl | n proviso to s | ection 139(1) | (If yes, please select the |
| SI No. | | | Nature | | A | mount | |
| (1) | | | (2) | | | (3) | |
| | | | METAV | DEDARIT | | | |
| PART B G | GROSS TOTA | AL INCOME | | | | | |
| B1 | i | Gross Salary (ia | a + ib + ic + id + ie) | | | i | 5,04,000 |
| | a | Salary as per s | ection 17(1) | | ia | 5,04,000 | |

Income from retirement benefit account maintained in a notified country u/s id

Income from retirement benefit account maintained in a country other than ie

Less allowances to the extent exempt u/s 10 [Ensure that it is included in salary income u/s

ib

ic

0

0

0

0

0

^{*}If the return is verified after 30 days of transmission of return data electronically, then date of verification will be considered as date of filing the return (Notification No.05 of 2022 dated 29-07-2022 issued by the DGIT (Systems), CBDT)."

| | SI. Nature of Exempt Allowances | | | Description (If Any Other selected) | | | | | Total Amount | | | |
|----|---------------------------------|---------------------------|--|--------------------------------------|--------|---------------|------------------|--------------------|---|----------|--|--|
| | (1) | | (2) | | (3) | | | | | (4) | | |
| | iia | Less : Incom | ne claimed for relief from ta | xation u/s 89A | | | | | iia | 0 | | |
| | iii | Net Salary (| i - ii - iia) | | | | | | iii | 5,04,000 | | |
| | iv | Deductions | u/s 16 (iva + ivb + ivc) | | | | | iv | 52,400 | | | |
| | a | Standard de | eduction u/s 16(ia) | iva | | | | | 50,000 | | | |
| | b | Entertainme | ent allowance u/s 16(ii) | | | i | ivb | | 0 | | | |
| | С | Professiona | l tax u/s 16(iii) | | | i | ivc | | 2,400 | | | |
| | v | Income cha | rgeable under the head 'Sal | aries' (iii - iv) | | | | | B1 | 4,51,600 | | |
| B2 | | Type Of Hou | use Property | | | | | | B2 | | | |
| | i | Gross rent r | eceived/ receivable/ lettable | e value during the yea | r | | | | i | 0 | | |
| | ii | Tax paid to | local authorities | | ii | | | | 0 | | | |
| | iii | Annual Valu | ie (i - ii) | | | | | | iii | 0 | | |
| | 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 | i | | | 0 | | | |
| | vii | Income cha negative) | rgeable under the head 'Hou | use Property' (iii - iv - \ | /) + v | i (If loss, p | ut the fi | gure in | B2 | 0 | | |
| В3 | | Income from Other Sources | | | | | | | | 0 | | |
| | SI. No. | Na | ature of Income | account maintained | | | | | Total Amount | | | |
| | (1) | | (2) | | | | | | (4) | | | |
| | | | Quarterly breakup of Div | | | | | ained i | Income from retirement benefit I in a notified country u/s 89A kable portion) | | | |
| | | (i) | Up to 15-Jun-2022 | (E-0.19) | 0 (i | i) /// | Up to : | 15-Jun-2 | | 0 | | |
| | | (ii) | From 16-Jun-2022 to 15-Sep-2022 | संयक्त कार्य | 0 (i | ii) | From 1 Sep-20 | | 022 to 15- | 0 | | |
| | | (iii) | From 16-Sep-2022 to 15-Dec-2022 | िय मुलो क | 0 (i | III) | | L6-Sep-2 | 2022 to | 0 | | |
| | | (iv) | From 16-Dec-2022 to 15-Mar-2023 | | 0 (i | iv) | From 1 | pro- | 2022 to | 0 | | |
| | | (v) | From 16-Mar-2023 to 31-Mar-2023 | TAX DEP | 0 (| v) | From 1 31-Ma | L6-Mar-2 r-2023 | 2023 to | 0 | | |
| | | Less: Incom | e claimed for relief from tax | ation u/s 89A | | | | | | 0 | | |
| | | Less: Deduc | ction u/s 57(iia) (in case of fa | amily pension only) | | | | | | 0 | | |
| B4 | | Gross Total | Income (B1+B2+B3) (If loss ward and set off of loss, plea | s, put the figure in neg | ative) | Note: To a | avail the | e benefi | t _{B4} | 4,51,600 | | |

| 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 | 0 | 0 |
| 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 | 0 | 0 |
| C10 | 80EE - Interest on loan taken for residential house property | 0 | 0 |
| C11 | 80EEA - Deduction in respect of interest on loan taken for certain house property | 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.) | 0 | 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 | 0 | 0 |
| | C Was | THEN! | |

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| 8 | METAVE | PARTINI | Date of Filing : 30-Jul-202 |
|---|---|----------|-----------------------------|
| | 80TTB- Interest on deposits in case of senior citizens. | 0 | |
| 9 | 80U - In case of a person with disability - | 0 | |
| 0 | 80CCH- Contribution to Agnipath Scheme | 0 | |
| 1 | Total deductions (Add items C1 to C18) | 1,50,000 | 1,50,00 |
| | | | |
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| | | | |

Acknowledgement Number: 901819540300723

Total Income 3,01,600

Date of Filing: 30-Jul-2023*

SI. Nature of Income Description (If Any Other selected) Total Amount (1) (2) (3) (4)

Total 0

| PART D | - COMPUTATION OF TAX PAYABLE | | |
|--------|---|-----|-------|
| D1 | Tax payable on total income | D1 | 2,580 |
| D2 | Rebate u/s 87A | D2 | 2,580 |
| D3 | Tax after rebate | D3 | 0 |
| D4 | Health and education Cess @4% on D3 | D4 | 0 |
| D5 | Total Tax and Cess | D5 | 0 |
| D6 | Relief u/s 89 (Please ensure to submit 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 | 0 |
| D12 | Total Taxes Paid | D12 | 0 |
| D13 | Amount payable (D11-D12) (if D11>D12) | D13 | 0 |
| D14 | Refund (D12 - D11) (if D12 > D11) | D14 | 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 | Name of the Bank | Account Number | Select Account for Refund Credit |
|------------|----------------------|---------------------|-----------------|-------------------------------------|
| (1) | (2) | (3) | (4) | (5) |
| 1 | UTIB0000032 | AXIS BANK | 921010041465878 | Ø |
| 2 | SBINORRSRGB | STATE BANK OF INDIA | 78018192921 | |

| 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 |

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Eligible Amount of Deduction

3

| Acknov | vledgemer | nt Number : 901819540300723 Date of Filing : 30- | -Jul-2023* |
|--------|-----------|---|------------|
| | (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 | ner any one of your parents is a senior citizen No claiming for Parents | |
| (a) | Parent | ts . | 0 |
| | (i) | Health Insurance | 0 |
| | (ii) | Preventive Health Checkup | 0 |
| (b) | Parent | ts 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 |

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)

0

| SI | . Name of | Address | City or Town or | State code | Pin code | PAN of the | Am | Eligible Amount of | | |
|------|-----------|---------|--------------------|------------|----------|------------|------------------|------------------------|-------------------|----------|
| No | the Donee | Address | District | State code | Pin Code | Donee | Donation in cash | Donation in other mode | Total donation | Donation |
| (1 |) (2) | (3) | (4) | (5) | (6) | (7) | (9) | (10) | (11) | (12) |
| Tota | Α | | | | | | 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 P | PAN of the | | ount of dona | tion | 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) |
| | | | | | 1 | 1 | | ' | | |

0 Total B 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 | Amount of donation | | Eligible Amount of | |
|-----|-----------|---------|--------------------|------------|-----------|------------|--------------------|------------------------|-----------------------|----------|
| No. | the Donee | Address | District | State code | Fill 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

| | | | City or | | | PAN of the | ARN | Amo | unt of dona | tion | Eligible | |
|------------|----------------------|---------|---------------------|------------|----------|------------|-----------------------------------|------------------|------------------------------|-------------------|-----------------------|--|
| SI. No. | Name of the Donee | Address | Town or District | State code | Pin code | Donee | (Donation 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) | |
| | | | | ' | | | | | | | | |
| | | | | | | | | _ | _ | _ | _ | |
| Γotal D | | | | | | | | 0 | 0 | 0 | 0 | |



| | Relevant | | DONATIO | NS FOR SCI | ENTIFIC RESI | EARCH OK | RURAL DEVE | LOPMENT | | | | |
|------------|---|----------------------|---------------------------|---------------------------------------|--|---|----------------------|----------------------------|------------------------------|--|-------------------------------|--|
| SI. No. | Clause under which deduction is claimed | Name of the Donee | Address | City or Town or District | State Code | Pin code | PAN of the Donee | Amo Donation in Cash | Donation in other mode | tion Total Donation | Eligible Amount Donatio | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | |
| otal | | | | | | | | 0 | 0 | 0 | | |
| ГАХ Р | AYMENTS | | | | | | | | | | | |
| SI. | | | | | | | Tax paid | 1 | | | | |
| No. | | | | <u>-</u> | | | | | | - | | |
| (1) | (2) | | | (3) | | | (4) | | | (5) | | |
| otal | | | | | | | | | | | | |
| CHE | OULE TDS1 - | DETAILS O | F TAX DEDU | CTED AT SO | OURCE FROM | I SALARY [A | AS PER FORM | 16 ISSUED | BY EMPLOY | ER(S)] | | |
| SI. No. | TAN of the Deductor | | | Name of the Deductor | | | ncome charg salar | То | Total Tax Deducted | | | |
| (1) | (2) | | | (3) | | | (4) | | (5) | | | |
| otal | | | | | a | 500 | | | | | | |
| | | | | | AP - | ATTEN . | Th. | | | | | |
| | OULE TDS2 - CTOR(S)] | DETAILS O | F TAX DEDU | CTED AT SC | OURCE FROM | I INCOME O | THER THAN | SALARY [AS | PER FORM | 16A ISSUED | ВҮ | |
| SI. No. | TAN of the Deductor Name of the Deductor | | | | | edit out of ed this yea | | | | | | |
| (1) | (2 |) | (3) | | (4) | | (5) | | (6) | | (7) | |
| otal | 4 | | | 16 KM | | una nua | 55 M A | | | | | |
| | | | | A ' | THE STATE OF THE PARTY OF THE P | मूलो 💆 | 20 | | Time | | | |
| CHE | OULE TDS3 I | DETAILS OF | TAX DEDUC | TED AT SOL | • | | C FURNISHED | BY THE PA | YER(S)) | | | |
| SI. No. | PAN of Tenar | | haar Number the Tenant | | or the | Gross recei hich is sub tax deduc | is subject deduct | | Tax Deduc | ax Deducted of (| | |
| (1) | (2) | | (3) | (4 | (4) (5 | | (6) | | (7) | | (8) | |
| otal | | <u> </u> | | | | | - | | | | | |
| CHFI | OULE TCS | | | | | | | | | | | |
| SI. No. | Tax Col Account N | Tax Collection Name | | of the ector Gross paym which is subj | | ect to | | Tax Collected | | TCS Credit out of (5 claimed this year | | |
| (1) | | | (3) | | | (5) | | (6) | | (7) | | |
| otal | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Acknowledgement Number: 901819540300723

Date of Filing: 30-Jul-2023*

I, JENIL RAMESHBHAI GONDALIYA son/ daughter of RAMESHBHAI GOKALBHAI GONDALIYA 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 CMVPG7664P

Place: 223.236.124.183

Date: 30-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 | | 0 |