

**ITR-1 SAHAJ INDIAN INCOME TAX RETURN**

[For individuals being a resident (other than not ordinarily resident) having total income upto Rs.50 lakh, having Income from Salaries, one house property, Interest Income, Family Pension Income etc. and agricultural income upto Rs.5 thousand]

[Not for an individual who is either Director in a company or has invested in unlisted equity shares or has any brought forward / carry forward loss under the head 'Income from House Property']

(Refer instructions for eligibility)

**PART A GENERAL INFORMATION**

|  |  |                                       |                      |
|--|--|---------------------------------------|----------------------|
| Name   | KURUMETI VENKATA NAGA PURUSHOTTAMA SASTRY            |                                       |                      |
| PAN  | ARQPK2657Q   | Date of Birth (DD/MM/YYYY)            | 20/08/1968           |
| Mobile no  | 91 - 7382892505                                      | Email Address                         | kvnpasstry@gmail.com |
| Aadhaar Number   | 865847427457   |                                       |                      |
| <b>Address</b>   |  |                                       |                      |
| Flat / Door / Block No   | Flat No 404 VEDIK EN CLAVE<br>PADMAJA CONSTR UCTIONS | Name of Premises / Building / Village |                      |
| Road/ Street/Post Office   | TURPU BAZAR  | Area/ Locality                        | Gorantla             |
| Town/ City/ District   | GUNTUR   | State                                 | ANDHRA PRADESH       |
| PIN Code   | 522034   | Country                               | INDIA                |
| Nature of Employment   | Public Sector Undertaking                            |                                       |                      |
| Filing Section   | 139(1)-On or before due date                         |                                       |                      |
| Are you filing return of income under Seventh proviso to section 139(1) but otherwise not required to furnish return of income? If yes, please furnish following information | No   |                                       |                      |
| Have you deposited amount or aggregate of amounts exceeding Rs. 1 Crore in one or more current account during the previous year?   |  |                                       |                      |
| Amount   | 0  |                                       |                      |
| Have you incurred expenditure of an amount or aggregate of amount exceeding Rs. 2 lakhs for travel to a foreign country for yourself or for any other person?                |  |                                       |                      |
| Amount   | 0  |                                       |                      |
| Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1 lakh on consumption of electricity during the previous year?                                  |  |                                       |                      |
| Amount   | 0  |                                       |                      |
| <b>If revised/defective</b>  |  |                                       |                      |
| Receipt number   |  |                                       |                      |
| Date Of Filing Of Original Return (DD/MM/YYYY)   |  |                                       |                      |
| <b>If filed in response to notice u/s 139(9)/142(1)/148 or order u/s 119(2)(b)-</b>  |  |                                       |                      |
| Unique Number/Document Identification Number (DIN)   |  |                                       |                      |
| Date of such notice/Order  |  |                                       |                      |

| Part B Gross Total Income   |  |  |                   |
|---|--|--|-------------------|
| B1  | Salary / Pension   | (i) Gross Salary(ia + ib + ic)   | 971045            |
|   |  | (a)Salary as per section 17(1)   | 971045            |
|   |  | (b)Value of perquisites as per section 17(2)                               | 0                 |
|   |  | (c)Profits in lieu of salary as per section 17(3)                          | 0                 |
| ii) Less : Allowances to the extent exempt u/s 10 (Ensure that it is included in Total Gross Salary in (ii) above)  |  |  | 129587            |
| S.No.   | Nature of Exempt Allowance   | Description ( If Any Other selected)                                       | Amount            |
| 1   | Sec 10(13A)-Allowance to meet expenditure incurred on house rent   |  | 129587            |
| B1  | Salary / Pension   | (iii) Net Salary(i-ii)   | 841458            |
|   |  | (iv) Deductions u/s 16 (iva + ivb + ivc)                                   | 52400             |
|   |  | (a) Standard Deduction u/s 16(ia)  | 50000             |
|   |  | (b) Entertainment allowance u/s 16(ii)                                     | 0                 |
|   |  | (c) Professional tax u/s 16(iii)   | 2400              |
|   |  | (v) Income chargeable under the Head "Salaries"(iii - iv)                  | 789058            |
| B2  | Type of House Property   |  | Self Occupied     |
| B2  | House Property   | (i) Gross rent received/ receivable/ lettable value during the year        |                   |
|   |  | (ii) Tax paid to local authorities   |                   |
|   |  | (iii) Annual Value (i – ii)  | 0                 |
|   |  | (iv) 30% of Annual Value   | 0                 |
|   |  | (v) Interest payable on borrowed capital                                   | 133971            |
|   |  | (vi) Arrears/Unrealized Rent received during the year Less 30%             | 0                 |
|   |  | (vii)Income chargeable under the head 'House Property' (iii – iv – v) + vi | -133971           |
| <b>Note : Maximum Loss from House property that can be set-off is INR 2,00,000. To avail the benefit of carry forward and set off of loss,please use ITR-2</b>            |  |  |                   |
| B3  | Income from Other Sources  |  | 0                 |
| S.No.   | Nature of Income   | Description ( If Any Other selected)                                       | Amount            |
| 1   |  |  |                   |
|   | Less: Deduction u/s 57(iia) (Applicable for family pension only)   |  |                   |
| B4  | Gross Total Income (B1+B2+B3)(If loss, put the figure in negative) |  | 655087            |
| Part C - Deductions and Taxable Total Income  |  |  |                   |
| Whether, you have made any investment/ deposit/ payments between 01.04.2020 to 31.07.2020 for the purpose of claiming any deduction under Part B of Chapter VIA? [Yes/No] |  |  | N                 |
| Section   |  | Amount   | System Calculated |

|  |        |        |
|--|--------|--------|
| 80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc.        | 150000 | 150000 |
| 80CCC - Payment in respect Pension Fund,etc.   | 0      | 0      |
| 80CCD(1) - Contribution to pension scheme of Central Government  | 0      | 0      |
| 80CCD(1B) - Contribution to pension scheme of Central Government   | 0      | 0      |
| 80CCD(2) - Contribution to pension scheme of Central Government by employer  | 0      | 0      |
| 80D Deduction in respect of Health Insurance premia (Please fill 80D Schedule. This field is auto-populated from schedule 80D.)                  | 0      | 0      |
| 80DD - Maintenance including medical treatment of a dependent who is a person with disability -  | 0      | 0      |
| 80DDB - Medical treatment of specified disease -   | 0      | 0      |
| 80E - Interest on loan taken for higher education  | 7785   | 7785   |
| 80EE - Interest on loan taken for residential house property   | 0      | 0      |
| 80EEA - Deduction in respect of interest on loan taken for certain house property  | 0      | 0      |
| 80EEB - Deduction in respect of purchase of electric vehicle   | 0      | 0      |
| 80G - Donations to certain funds, charitable institutions, etc. (Please fill 80G Schedule. This field is auto-populated from schedule.)          | 0      | 0      |
| 80GG - Rent paid   | 0      | 0      |
| 80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is auto-populated from schedule.) | 0      | 0      |
| 80GGC - Donation to Political party  | 0      | 0      |
| 80TTA - Interest on deposits in savings Accounts   | 0      | 0      |
| 80TTB- Interest on deposits in case of senior citizens   | 0      | 0      |
| 80U-In case of a person with disability-   | 0      | 0      |
| Total Deductions (a+b+c+d+e+f+g+h+i+j+k+l+m+n+o+p+q+r+s)   | 157785 | 157785 |

Note:Total deductions under chapter VI A cannot exceed GTI.

|                      |        |
|----------------------|--------|
| Total Income (B4-C1) | 497300 |
|----------------------|--------|

Exempt income (For reporting Purposes)

| S.No.        | Nature of Income | Description ( If Any Other selected) | Total Amount |
|--------------|------------------|--------------------------------------|--------------|
| 1            |                  |                                      |              |
| Total Amount |                  |                                      | 0            |

**Part D - Computation of Tax Payable**

|    |                                       |       |
|----|---------------------------------------|-------|
| D1 | Tax Payable on Total Income(C2)       | 12365 |
| D2 | Rebate u/s 87A                        | 12365 |
| D3 | Tax payable after Rebate              | 0     |
| D4 | Health and Education Cess @4% on (D3) | 0     |

|          |   |   |
|----------|---|---|
| D5       | Total Tax & Cess  | 0 |
| D6       | Relief u/s 89(1)(Please ensure to submit Form 10E to claim this relief) | 0 |
|          | Balance Tax After Relief (D5-D6)  | 0 |
| D7       | Interest u/s 234A   | 0 |
| D8       | Interest u/s 234B   | 0 |
| D9       | Interest u/s 234C   | 0 |
| D10      | Fee u/s 234F  | 0 |
|          | Total Interest and Fee Payable ( D7 + D8 + D9 + D10)                    | 0 |
| D11      | Total Tax, Fee and Interest ( D5 + D7 + D8 + D9 + D10- D6)              | 0 |
| D12(i)   | Total Taxes Paid  | 0 |
| D12(i)   | Total Advance Tax Paid  | 0 |
| D12(ii)  | Total Self Assessment Tax Paid  | 0 |
| D12(iii) | Total TDS Claimed   | 0 |
| D12(iv)  | Total TCS Claimed   | 0 |
| D12(v)   | Total Taxes Paid(D12[(i) + (ii) + (iii) + (iv)])                        | 0 |
| D13      | Amount payable (D11 - D12)(if D11 > D12)                                | 0 |
| D14      | Refund(D12 - D11)(if D12 > D11)   | 0 |

**Part E – Other Information**

|       |  |                     |                |                                  |
|-------|--|---------------------|----------------|----------------------------------|
| D15   | Details of all Bank Accounts held in India at any time during the previous year (excluding dormant accounts) |                     |                |                                  |
| S.No. | IFS Code of the Bank   | Name of the Bank    | Account Number | Select Account for Refund Credit |
| 2     | SBIN0012682  | STATE BANK OF INDIA | 62414681885    |                                  |

**SCHEDULE DI - Details of investments****Investment/ Deposit/ Payments for the purpose of claiming deduction under Chapter VIA**

| Section   | Eligible amount of deduction during FY 2019-20 (As per Part C- Deductions and taxable total income) | Deduction attributable to investment/ expenditure made between 01.04.2020 to 31.07.2020 (Out of Col No.2) |
|---|---|---|
| 80C - Life insurance premia, deferred annuity, contributions to provident fund, subscription to certain equity shares or debentures, etc. | 0   | 0   |
| 80CCC - Payment in respect Pension Fund, etc.   | 0   | 0   |
| 80CCD(1) - Contribution to pension scheme of Central Government   | 0   | 0   |
| 80CCD(1B) - Contribution to pension scheme of Central Government  | 0   | 0   |
| 80CCD(2) - Contribution to pension scheme of Central Government by employer   | 0   | 0   |
| 80D Deduction in respect of Health Insurance premia   | 0   | 0   |
| 80DD - Maintenance including medical treatment of a dependent who is a person with disability -   | 0   | 0   |

|  |          |          |
|--|----------|----------|
| 80DDB - Medical treatment of specified disease -   | 0        | 0        |
| 80E - Interest on loan taken for higher education  | 0        | 0        |
| 80EE - Interest on loan taken for residential house property   | 0        | 0        |
| 80EEA - Deduction in respect of interest on loan taken for certain house property  | 0        | 0        |
| 80EEB - Deduction in respect of purchase of electric vehicle   | 0        | 0        |
| 80G - Donations to certain funds, charitable institutions, etc.(Please fill 80G Schedule. This field is auto-populated from schedule.)           | 0        | 0        |
| 80GG - Rent paid   | 0        | 0        |
| 80GGA - Certain donations for scientific research or rural development (Please fill 80GGA Schedule. This field is auto-populated from schedule.) | 0        | 0        |
| 80GGC - Donation to Political party  | 0        | 0        |
| <b>Total</b>   | <b>0</b> | <b>0</b> |

**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)**

| S No.          | Name of the Donee | Address | City or Town<br>or District | State Code | Pincode | PAN of<br>the Donee | Amount of donation  |                           |                   | Eligible<br>Amount of<br>Donation |
|----------------|-------------------|---------|-----------------------------|------------|---------|---------------------|---------------------|---------------------------|-------------------|-----------------------------------|
|                |                   |         |                             |            |         |                     | Donation<br>in cash | Donation in<br>other mode | Total<br>Donation |                                   |
| 1              |                   |         |                             |            |         |                     | 0                   | 0                         | 0                 | 0                                 |
| <b>Total A</b> |                   |         |                             |            |         |                     | 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)**

| S No.          | Name of the Donee | Address | City or Town<br>or District | State Code | Pincode | PAN of<br>the Donee | Amount of donation  |                           |                   | Eligible<br>Amount of<br>Donation |
|----------------|-------------------|---------|-----------------------------|------------|---------|---------------------|---------------------|---------------------------|-------------------|-----------------------------------|
|                |                   |         |                             |            |         |                     | Donation<br>in cash | Donation in<br>other mode | Total<br>Donation |                                   |
| 1              |                   |         |                             |            |         |                     | 0                   | 0                         | 0                 | 0                                 |
| <b>Total B</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)**

| S No.          | Name of the Donee | Address | City or Town<br>or District | State Code | Pincode | PAN of<br>the Donee | Amount of donation  |                           |                   | Eligible<br>Amount of<br>Donation |
|----------------|-------------------|---------|-----------------------------|------------|---------|---------------------|---------------------|---------------------------|-------------------|-----------------------------------|
|                |                   |         |                             |            |         |                     | Donation<br>in cash | Donation in<br>other mode | Total<br>Donation |                                   |
| 1              |                   |         |                             |            |         |                     | 0                   | 0                         | 0                 | 0                                 |
| <b>Total C</b> |                   |         |                             |            |         |                     | 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)**

| S No. | Name of the Donee | Address | City or Town<br>or District | State Code | Pincode | PAN of<br>the Donee | Amount of donation  |                           |                   | Eligible<br>Amount of<br>Donation |
|-------|-------------------|---------|-----------------------------|------------|---------|---------------------|---------------------|---------------------------|-------------------|-----------------------------------|
|       |                   |         |                             |            |         |                     | Donation<br>in cash | Donation in<br>other mode | Total<br>Donation |                                   |

| 1   |  |                            |   |                              |            |         |                     | 0                   | 0                         | 0                 | 0                                    |
|---|--|----------------------------|---|------------------------------|------------|---------|---------------------|---------------------|---------------------------|-------------------|--------------------------------------|
| <b>Total D</b>  |  |                            |   |                              |            |         |                     | 0                   | 0                         | 0                 | 0                                    |
| E. Donations (A + B + C+ D)   |  |                            |   |                              |            |         |                     | 0                   | 0                         | 0                 | 0                                    |
| <b>Schedule 80GGA:Details of donations for scientific research or rural development</b>     |  |                            |   |                              |            |         |                     |                     |                           |                   |                                      |
| S No.   | Relevant Clause<br>under which<br>deduction<br>is claimed  | Name of<br>the Donee       | Address                                       | City or Town<br>or District  | State Code | Pincode | PAN of<br>the Donee | Amount of donation  |                           |                   | Eligible<br>Amount<br>of<br>Donation |
|   |  |                            |   |                              |            |         |                     | Donation<br>in cash | Donation in<br>other mode | Total<br>Donation |                                      |
| 1   |  |                            |   |                              |            |         |                     |                     |                           | 0                 | 0                                    |
| <b>Total Donation</b>   |  |                            |   |                              |            |         |                     | 0                   | 0                         | 0                 | 0                                    |
| <b>Schedule 80D</b>   |  |                            |   |                              |            |         |                     |                     |                           |                   |                                      |
| <b>Whether you or any of your family member (excluding parents) is a senior citizen?</b>    |  |                            |   |                              |            |         |                     |                     |                           | No                |                                      |
| Self & Family   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Health Insurance  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Preventive Health Checkup   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Self & Family (Senior Citizen)  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Health Insurance  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Preventive Health Checkup   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Medical Expenditure (This deduction to be claimed on which health insurance is not claimed) |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| <b>Whether any one of your parents is a senior citizen</b>                                  |  |                            |   |                              |            |         |                     |                     |                           | Yes               |                                      |
| Parents   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Health Insurance  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Preventive Health Checkup   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Parents (Senior Citizen)  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Health Insurance  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Preventive Health Checkup   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Medical Expenditure   |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| Eligible Amount of Deduction  |  |                            |   |                              |            |         |                     |                     |                           | 0                 |                                      |
| <b>TAX DETAILS</b>  |  |                            |   |                              |            |         |                     |                     |                           |                   |                                      |
| TDS1  | <b>Details of Tax Deducted at Source from Salary [As per Form 16 issued by Employer(s)]</b>                    |                            |   |                              |            |         |                     |                     |                           |                   |                                      |
| S.No.   | Tax Deduction Account Number<br>(TAN) of the Deductor [Col (1)]  | Name of Deductor [Col (2)] | Income chargeable<br>under Salaries [Col (3)] | Total Tax Deducted [Col (4)] |            |         |                     |                     |                           |                   |                                      |
| 1   |  |                            |   |                              |            |         |                     |                     |                           |                   |                                      |
| <b>TOTAL</b>  |  |                            |   |                              |            |         |                     |                     |                           |                   | 0                                    |
| TDS2  | <b>Details of Tax Deducted at Source from Income OTHER THAN Salary [As per FORM 16A issued by Deductor(s)]</b> |                            |   |                              |            |         |                     |                     |                           |                   |                                      |

| Sl.No.       | Tax Deduction Account Number (TAN) of the Deductor [Col (1)] | Name of the Deductor [Col (2)] | Gross receipt which is subject to tax deduction [Col (3)] | Year of tax deduction [Col (4)] | Tax Deducted [Col (5)] | TDS Credit out of (5) claimed for this Year [Col (6)] |
|--------------|--|--------------------------------|---|---------------------------------|------------------------|---|
| 1            |  |                                |   |                                 |                        |   |
| <b>TOTAL</b> |  |                                |   |                                 |                        | 0   |

| TDS3 Details of Tax Deducted at Source [As per Form 16C furnished by the Payer(s)] |  |                          |                              |   |                                 |                       |   |
|--|--|--------------------------|------------------------------|---|---------------------------------|-----------------------|---|
| S.No.  | Permanent Account Number of the Tenant [Col (1)] | Aadhaar No of the tenant | Name of the Tenant [Col (2)] | Gross receipt which is subject to tax Deduction [Col (3)] | Year of Tax Deduction [Col (4)] | Tax Deducted[Col (5)] | TDS credit out of (5) claimed this Year [Col (6)] |
| 1  |  |                          |                              |   |                                 |                       |   |
| <b>TOTAL</b>   |  |                          |                              |   |                                 |                       | 0   |

| TCS Details of Tax Collected at Source [As per Form 27D issued by the Collector(s)] |  |                                 |  |                                  |                         |   |   |
|---|--|---------------------------------|--|----------------------------------|-------------------------|---|---|
| S.No.   | Tax Collection Account Number of the Collector [Col (1)] | Name of the Collector [Col (2)] | Gross payment which is subject to tax collection [Col (3)] | Year of tax Collection [Col (4)] | Tax Collected [Col (5)] | TCS Credit out of (5) claimed this year [Col (6)] |   |
| 1   |  |                                 |  |                                  |                         |   |   |
| <b>TOTAL</b>  |  |                                 |  |                                  |                         |   | 0 |

| IT Details of Advance Tax and Self Assessment Tax Payments |                    |                                       |                                    |                    |   |
|--|--------------------|---------------------------------------|------------------------------------|--------------------|---|
| S.No.  | BSR Code [Col (1)] | Date of deposit (DD/MM/YYYY)[Col (2)] | Serial Number of Challan [Col (3)] | Tax paid [Col (4)] |   |
| 1  |                    |                                       |                                    |                    |   |
| <b>TOTAL</b>   |                    |                                       |                                    |                    | 0 |

## VERIFICATION

I, **KURUMETI VENKATA NAGA PURUSHOTTAMA SASTRY** son/daughter of, **KURUMETI RAMAKRISHNAIAH** , 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 **AROPK2657Q**

|              |            |
|--------------|------------|
| <b>Place</b> | VIJAYAWADA |
| <b>Date</b>  |            |

Income Tax Return submitted electronically on from IP Address 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.