INDIAN INCOME TAX RETURN

[For Individuals and HUFs not having income from profits and gains of business or profession]
(Please see Rule 12 of the Income-tax Rules, 1962)
(Also see attached instructions)

Assessment Year

2 0 1 8 - 1 9

Part A-GEN   GENERAL

PERSONAL INFORMATION

First name	Middle name	Last name	PAN

Flat/Door/Block No.	Name of Premises/Building/Village	Status *(Tick)* ☑
		☐ Individual ☐ HUF

Road/Street/Post Office | **Date of Birth/ Formation** *(DD/MM/YYYY)*

Area/locality | **Aadhaar Number** *(12 digit)*/ **Aadhaar Enrolment Id** *(28 digit)* (if eligible for Aadhaar)

Town/City/District	State	Pin code/Zip code	Employer Category(if in employment) *(Tick)* ☑
	Country		☐ Govt. ☐ PSU ☐ Others

Residential/Office Phone Number with STD code/ Mobile No. 1   **Mobile No. 2**

Email Address-1 (self)	Income Tax Ward/Circle
Email Address-2	

FILING STATUS

(a)	Return filed *(Tick)[Please see instruction number-7]* ☐On or before due date-139(1), ☐ After due date-139(4), ☐ Revised Return- 139(5), ☐ Modified return- 92CD, ☐ under section 119(2)(b), or In response to notice ☐ 139(9)-Defective, ☐ 142(1), ☐ 148, ☐ 153A/153C
(b)	If revised/defective/modified, then enter Receipt No. and Date of filing original return (DD/MM/YYYY) / /
(c)	If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C enter date of such notice, or u/s 92CD enter date of advance pricing agreement / /
(d)	Residential Status *Tick applicable option* ☐ Resident ☐ Non-Resident ☐ Resident but Not Ordinarily Resident Do you want to claim the benefit under section 115H? *(applicable in case of resident)* ☐ Yes ☐ No
(e)	Whether any transaction has been made with a person located in a jurisdiction notified u/s 94A of the Act? ☐ Yes ☐ No
(f)	Are you governed by Portuguese Civil Code as per section 5A? *Tick)* ☑ ☐ Yes ☐ No (If "YES" please fill Schedule 5A)
(g)	Whether this return is being filed by a representative assessee? *(Tick)* ☑ ☐ Yes ☐ No If yes, please furnish following information -
(1)	Name of the representative
(2)	Address of the representative
(3)	Permanent Account Number (PAN) of the representative

PART-B

Part B - TI   Computation of total income

TOTAL INCOME

1	**Salaries** *(6 of Schedule S)*	1	
2	**Income from house property** *(3b of Schedule HP) (enter nil if loss)*	2	
3	Capital gains		
	a **Short term**		
	i **Short-term chargeable @ 15%** *(7ii of item E of schedule CG)*	ai	
	ii **Short-term chargeable @ 30%** *(7iii of item E of schedule CG)*	aii	
	iii **Short-term chargeable at applicable rate** *(7iv of item E of schedule CG)*	aiii	
	iv **Total Short-term (ai + aii + aiii)**	3aiv	

Do not write or stamp in this area (Space for bar code)

For Office Use Only
Receipt No.

Date

Seal and Signature of receiving official

	b	**Long-term**				
		i	**Long-term chargeable @ 10%** *(7v of item E of schedule CG)*	**bi**		
		ii	**Long-term chargeable @ 20%** *(7vi of item E of schedule CG)*	**bii**		
		iii	**Total Long-term (bi + bii)** *(enter nil if loss)*	**3biii**		
	c	**Total capital gains (3aiv + 3biii)** *(enter nil if loss)*			**3c**	
4	**Income from other sources**					
	a	**from sources other than from owning race horses and income chargeable to tax at special rate** *(1k of Schedule OS) (enter nil if loss)*		**4a**		
	b	**Income chargeable to tax at special rate** *(1fviii of Schedule OS)*		**4b**		
	c	**from the activity of owning and maintaining race horses** *(3e of Schedule OS) (enter nil if loss)*		**4c**		
	d	**Total (4a + 4b + 4c)** *(enter nil if loss)*			**4d**	
5	**Total (1+2+3c+4d)**				**5**	
6	**Losses of current year set off against 5** *(total of 2xi and 3xi of Schedule CYLA)*				**6**	
7	**Balance after set off current year losses (5-6)** *(total of column 4 of Schedule CYLA+4b)*				**7**	
8	**Brought forward losses set off against 7** *(2x of Schedule BFLA)*				**8**	
9	**Gross Total income (7-8)** *(3xi of Schedule BFLA +4b)*				**9**	
10	**Income chargeable to tax at special rate under section 111A, 112 etc. included in 9**				**10**	
11	**Deductions under Chapter VI-A** *[t of Schedule VIA and limited to (9-10)]*				**11**	
12	**Total income (9 - 11)**				**12**	
13	**Income which is included in 12 and chargeable to tax at special rates** *(total of (i) of schedule SI)*				**13**	
14	**Net agricultural income/ any other income for rate purpose** *(4 of Schedule EI)*				**14**	
15	**Aggregate income (12-13+14)** *[applicable if (12-13) exceeds maximum amount not chargeable to tax]*				**15**	
16	**Losses of current year to be carried forward** *(total of row xi of Schedule CFL)*				**16**	

Part B -TTI		**Computation of tax liability on total income**

COMPUTATION OF TAX LIABILITY

1	**Tax payable on total income**				
	a	**Tax at normal rates on 15 of Part B-TI**	**1a**		
	b	**Tax at special rates** *(total of col. (ii) of Schedule SI)*	**1b**		
	c	**Rebate on agricultural income** *[applicable if (12-13) of Part B-TI exceeds maximum amount not chargeable to tax]*	**1c**		
	d	**Tax Payable on Total Income (1a + 1b – 1c)**		**1d**	
2	**Rebate under section 87A**			**2**	
3	**Tax payable after rebate (1d - 2)**			**3**	
4	**Surcharge**				
	i	**25% of** *12(ii) of Schedule SI*	**4i**		
	ii	**On [(3) –** *(12(ii) of Schedule SI)]*	**4ii**		
	iii	**Total i + ii**		**4iii**	
5	**Education cess, including secondary and higher education cess on (3 + 4iii)**			**5**	
6	**Gross tax liability (3 + 4iii + 5)**			**6**	
7	**Tax relief**				
	a	**Section 89**	**7a**		
	b	**Section 90/ 90A** *(2 of Schedule TR)*	**7b**		
	c	**Section 91** *(3 of Schedule TR)*	**7c**		
	d	**Total (7a + 7b+ 7c)**		**7d**	
8	**Net tax liability (6 – 7d)** *(enter zero if negative)*			**8**	
9	**Interest and fee payable**				
	a	**Interest for default in furnishing the return (section 234A)**	**9a**		
	b	**Interest for default in payment of advance tax (section 234B)**	**9b**		
	c	**Interest for deferment of advance tax (section 234C)**	**9c**		
	d	**Fee for default in furnishing return of income (section 234F)**	**9d**		
	e	**Total Interest and Fee Payable (9a+9b+9c+9d)**		**9e**	
10	**Aggregate liability (8 + 9e)**			**10**	

TAXES PAID

11	**Taxes Paid**				
	a	**Advance Tax** *(from column 5 of 19A)*	**11a**		

	b	**TDS** (*total of column 5 of 19B and column 9 of 19C*)	11b		
	c	**TCS** (*total of column 5 of 19D*)	11c		
	d	**Self-Assessment Tax** (*from column 5 of 19A*)	11d		
	e	**Total Taxes Paid (11a+11b+11c+11d)**		11e	
12		**Amount payable** (*Enter if 10 is greater than 11e, else enter 0*)		12	

	13	**Refund** (*If 11e is greater than 10*) (*Refund, if any, will be directly credited into the bank account*)	13	

BANK ACCOUNT

14 Details of all Bank Accounts held in India at any time during the previous year (excluding dormant accounts) (In case of non-residents, details of any one foreign Bank Account may be furnished for the purpose of credit of refund)

Sl.	IFS Code of the Bank in case of Bank Accounts held in India (SWIFT Code in case of foreign Bank Account)	Name of the Bank	Account Number (*IBAN in case of foreign Bank Accounts*)	Indicate the account in which you prefer to get your refund credited, if any (*tick one account ☑*)
i				
ii				

15 Do you at any time during the previous year,—
(i) hold, as beneficial owner, beneficiary or otherwise, any asset (including financial interest in any entity) located outside India; or
(ii) have signing authority in any account located outside India; or
(iii) have income from any source outside India?
[applicable only in case of a resident]   *[Ensure Schedule FA is filled up if the answer is Yes]*

☐ Yes   ☐ No

VERIFICATION

I, _____ son/ daughter of _____ , solemnly declare that to the best of my knowledge and belief, the information given in the return and schedules thereto is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961.
I further declare that I am making return in my capacity as _____ and I am also competent to make this return and verify it. I am holding permanent account number _____(if allotted) (*Please see instruction*) I further declare that the critical assumptions specified in the agreement have been satisfied and all the terms and conditions of the agreement have been complied with. (Applicable in a case where return is furnished under section 92CD)

Place
Date   **Sign here ➔**

16 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   **17**

18 **TAX PAYMENTS**

A Details of payments of Advance Tax and Self-Assessment Tax

Sl No	BSR Code	Date of Deposit (*DD/MM/YYYY*)	Serial Number of Challan	Amount (Rs)
(1)	(2)	(3)	(4)	(5)
i				
ii				
iii				
iv				

NOTE ▶   *Enter the totals of Advance tax and Self-Assessment tax in Sl No. 11a & 11d of Part B-TTI*

B Details of Tax Deducted at Source from Salary [As per Form 16 issued by Employer(s)]

Sl No	Tax Deduction Account Number (TAN) of the Employer	Name of the Employer	Income chargeable under Salaries	Total tax deducted
(1)	(2)	(3)	(4)	(5)
I				
II				

NOTE ▶   *Please enter total of column 5 in 11b of Part B-TTI*

C Details of Tax Deducted at Source (TDS) on Income [As per Form 16 A issued or Form 26QB/26QC furnished by Deductor(s)]

Sl No	TAN of the Deductor/ PAN of the Buyer/ Tenant	Name of the Deductor/ Buyer/Tenant	Unique TDS Certificate Number	Unclaimed TDS brought forward (b/f)		TDS of the current fin. Year		TDS credit out of (7) or (8) being claimed this Year (only if corresponding income is being offered for tax this year)		TDS credit out of (7) or (8) being carried forward
				Fin. Year in which deducted	Amount b/f	Deducted in own hands	Deducted in the hands of spouse as per section 5A or any other person as per rule 37BA(2) (if applicable)	Claimed in own hands	Claimed in the hands of spouse as per section 5A or any other person as per rule 37BA(2) (if applicable)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
							Income / TDS / PAN of spouse/ other person		Income / TDS / PAN of spouse/ other person	

	i													
	ii													

D	**Details of Tax Collected at Source (TCS) [As per Form 27D issued by the Collector(s)]**				
TCS	Sl No	Tax Deduction and 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 FILL SCHEDULES TO THE RETURN FORM (PAGES S1 – S13) AS APPLICABLE