Z ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature].

Assessment Year **2017-18**

(Please see Rule 12 of the Income-tax Rules, 1962) PAN Name INDIAN MEDICAL ASSOCIATION SERAMORE BRANCH AAAA19378J Form No. which Name Of Premises/Building/Village Flat/Door/Block No has been ITR-5 131/Belectronically transmitted Area/Locality Road/Street/Post Office Firm **SERAMPORE** PATUA PARA LANE Status Aadhaar Number/ Enrollment ID Pin/ZipCode State Town/City/District **SERAMPORE** 712201 WEST BENGAL Original or Revised ORIGINAL Designation of AO (Ward / Circle) WARD24(1) HOOGHLY 01-08-2017 Date(DD-MM-YYYY) 105024310010817 E-filing Acknowledgement Number 139385 **Gross Total Income** Deductions under Chapter-VI-A 139390 Total Income Current Year loss, if any 43072 Net Tax Payable HEREON 3063 Interest Payable 46135 Total Tax and Interest Payable **Taxes Paid** 7a **Advance Tax** 7b 9100 TDS 7c TCS 37030 7**d** Self Assessment Tax 7e 46130 Total Taxes Paid (7a+7b+7c+7d) Tax Payable (6-7e) Refund (7e-6) Agriculture Exempt Income 10 Others VERIFICATION son/ daughter of **Anil Kumar Das**, holding Permanent Account Number <u>ADIPD4178M</u> 1. Pradip Kumar Das 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 2017-18. 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. President Place SERAMPORE Sign here 01-08-2017 Date If the return has been prepared by a Tax Return Preparer (TRP) give further details as below: Counter Signature of TRP Name of TRP Identification No. of TRP For Office Use Only 116.206.202.149 Filed from IP address Receipt No Date AAAA19378J05105024310010817BDDE61543EC6ADEF802F3A3B513F8CE93956D5E1 Seal and signature of receiving official 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 satyak.pal@gmail.com address