

FORM	ITR-V	INDIAN [Where the data of the Return of Income in Form SARAL-II (ITR-1), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6 & ITR-8 transmitted electronically without digital signature] (Please see rule 12 of the Income-tax Rules, 1962) (Also see attached instructions)	Assessment Year					
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PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name		PAN	
	Flat/Door/Block No	Name Of Premises/Building/Village	Form No. which has been electronically transmitted (fill the code)	
	Road/Street/Post Office	Area/Locality		
	Town/City/District	State	Status (fill the code)	

Designation of Assessing Officer (Ward/ Circle)	Original or Revised
E-filing Acknowledgement Number	Date(DD/MM/YYYY) / /

COMPUTATION OF INCOME AND TAX THEREON	1	Gross total income			1	
	2	Deductions under Chapter-VI-A			2	
	3	Total Income			3	
	3a	Current Year loss (if any)			3a	
	4	Net tax payable			4	
	5	Interest payable			5	
	6	Total tax and interest payable			6	
	7	Taxes Paid				
		a	Advance Tax	7a		
		b	TDS	7b		
		c	TCS	7c		
		d	Self Assessment Tax	7d		
		e	Total Taxes Paid (7a+7b+7c +7d)		7e	
8	Tax Payable (6-7e)			8		
9	Refund (7e-6)			9		

VERIFICATION

I, _____ (full name in block letters), son/ daughter of _____ holding permanent account number _____ solemnly declare that 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/ fringe benefits 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 and fringe benefits chargeable to income-tax for the previous year relevant to the assessment year 2010-11. 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 ➡	Date	Place
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 Date	Seal and Signature of receiving official
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