

Name		PAN	
THIRUVANNAMALAI DISTRICT HIV POSITIVE SOCIETY		AABTT7343N	
Flat/Door/Block No	Name Of Premises/Building/Village	Form No. which has been electronically transmitted	ITR-7
6/29-A			
Road/Street/Post Office	Area/Locality	Status AOP/BOI	
PUDHU STREET 11TH STREET POLUR ROAD	TIRUVANNAMALAI		
Town/City/District	State	Pin/ZipCode	Aadhaar Number/ Enrollment ID
TIRUVANNAMALAI	TAMILNADU	606604	
Designation of AO (Ward / Circle) ADIT/DDIT(EXE-III) CHENNAI		Original or Revised <b>ORIGINAL</b>	
E-filing Acknowledgement Number 662409280200618		Date(DD-MM-YYYY) 20-06-2018	

1	Gross Total Income	1	0
2	Deductions under Chapter-VI-A	2	0
3	Total Income	3	0
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	0
5	Interest and Fee Payable	5	0
6	Total Tax, Interest and Fee Payable	6	0
7	Taxes Paid		
a	Advance Tax	7a	0
b	TDS	7b	0
c	TCS	7c	0
d	Self Assessment Tax	7d	0
e	Total Taxes Paid (7a+7b+7c+7d)	7e	0
8	Tax Payable (6-7e)	8	0
9	Refund (7e-6)	9	0
10	Exempt Income	Agriculture Others	0 10 0

**VERIFICATION**

I, **ALEXANDER** son/ daughter of **ANTONY SAMY**, holding Permanent Account Number **AREPA8523H** 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 2018-19. I further declare that I am making this return in my capacity as **PRESIDENT** of **Thiruvannamalai District HIV Positive Society** and I am competent to make this return and verify it.

Sign here

*For Thiruvannamalai District HIV Positive Society*

Date 20-06-2018

Place THIRUVANNAMALAI

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

President

Tax Return Preparer

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only  
Receipt No

Filed from IP address 117.217.244.202

Date

Seal and signature of  
receiving official

AABTT7343N076624092802006187FE7B144C8B694CE5FD2544E2BCBAA55FD48F3E1

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 address caanbalagan@gmail.com