

(Please see Rule 12 of the Income-tax Rules, 1962)

PERSONAL INFORMATION AND THE
DATE OF ELECTRONIC
TRANSMISSION

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

COMPUTATION OF INCOME
AND TAX THEREON

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	10	0
	Agriculture		0
	Others		0

VERIFICATION

I, **A.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 For Thiruvannamalai District HIV Positive Society to make this return and verify it.

Sign here

[Signature]
For Thiruvannamalai District HIV Positive Society
President

Date **20-06-2018**Place **THIRUVANNAMALAI**

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 NoFiled 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**