

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

PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

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)		Original or Revised	
ADIT/DDIT(EXE-III) CHENNAI		ORIGINAL	
E-filing Acknowledgement Number		148469860050817	Date(DD-MM-YYYY)
			05-08-2017

COMPUTATION OF INCOME  
AND TAX THEREON

1	Gross Total Income	1	1248
2	Deductions under Chapter-VI-A	2	0
3	Total Income	3	1250
a	Current Year loss, if any	3a	0
4	Net Tax Payable	4	0
5	Interest Payable	5	0
6	Total Tax and Interest 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

## 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 2017-18. I further declare that I am making this return in my capacity as President of Thiruvannamalai District HIV Positive Society and I am also competent to make this return and verify it.

Sign here

A. Alexander

Date 05-08-2017

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 No

Filed from IP address 117.241.79.18

Date

Seal and signature of  
receiving official

AABTT7343N07148469860050817517105C0B6903FFD0027D521E9C9065411337F8E

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](mailto:caanbalagan@gmail.com)