

FORM ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

Assessment Year
2017-18

[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] .

(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	Status AOP/BOI
Road/Street/Post Office PUDHU STREET 11TH STREET POLUR ROAD	Area/Locality TIRUVANNAMALAI			
Town/City/District TIRUVANNAMALAI	State TAMILNADU	Pin/Zip Code 606604	Aadhaar Number/ Enrollment ID	
Designation of AO (Ward / Circle) ADIT/DDIT(EXE-III) CHENNAI			Original or Revised	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		
	Agriculture	0	
	Others	0	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