

FORM

SARAL-II
(ITR-1)

INDIAN INCOME TAX RETURN

[For Individuals having Income from Salary / Pension / Income from One House Property (excluding loss brought forward from previous years) / Income from Other Sources (Excluding Winning from Lottery and Income from Race Horses)]

(Please see rule 12 of the Income-tax Rules,1962) (Also see attached instructions)

Assessment Year

2010 - 11

| | | | | | | | | |
|----------------------|---|--|-----------|--|----|-------|---|-------|
| PERSONAL INFORMATION | First name | Middle name | Last name | PAN | | | | |
| | Flat/Door/Block No | Name Of Premises/Building/Village | | Date of Birth (DD/MM/YYYY) / / | | | | |
| | Road/Street/Post Office | Area/Locality | | Employer Category (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Govt <input type="checkbox"/> PSU <input type="checkbox"/> Others | | | | |
| | Town/City/District | State | Pin code | Sex (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| | Email Address | (STD code)-Phone Number () | | | | | | |
| FILING STATUS | Designation of Assessing Officer (Ward/Circle) | | | Return filed under Section - [Please see instruction number-9(i)] | | | | |
| | Whether original or Revised return? (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Original <input type="checkbox"/> Revised | | | | | | | |
| | If revised, enter Receipt No and Date of filing original return | | | DD / MM / YYYY | | | | |
| | Residential Status (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Resident but Not Ordinarily Resident | | | | | | | |
| INCOME & DEDUCTIONS | 1 | Income chargeable under the Head 'Salaries'(Salary/ Pension) | | | 1 | | | |
| | 2 | Income chargeable under the Head 'House Property' (enter -ve sign in case of loss, if any) | | | 2 | | | |
| | 3 | Income chargeable under the Head 'Other Sources' (enter -ve sign in case of loss, if any) | | | 3 | | | |
| | 4 | Gross Total Income (1+2+3) | | | 4 | | | |
| | 5 | Deductions under chapter VI A (Section) | | | | | | |
| | | a | 80C | e | | 80DD | i | 80GG |
| | | b | 80CCC | f | | 80DDB | j | 80GGA |
| | | c | 80CCD | g | | 80E | k | 80GGC |
| | | d | 80D | h | | 80G | l | 80U |
| | 6 | Deductions (Total of 5a to 5l) | | | 6 | | | |
| 7 | Total Income (4-6) | | | 7 | | | | |
| TAX COMPUTATION | 8 | Tax Payable on Total Income | | | 8 | | | |
| | 9 | Secondary and Higher Education cess on 8 | | | 9 | | | |
| | 10 | Total Tax and Education Cess Payable (8+9) | | | 10 | | | |
| | 11 | Relief under Section 89 | | | 11 | | | |
| | 12 | Relief under Section 90/91 | | | 12 | | | |
| | 13 | Balance Tax Payable (10-11-12) | | | 13 | | | |
| | 14 | Total Interest Payable U/s 234A/ B/C | | | 14 | | | |
| 15 | Total Tax and Interest Payable (13+14) | | | 15 | | | | |

Do not write or stamp in this area
For Office Use Only

Seal and Signature of receiving official

Receipt No

Date

| | | | | | | | | | | | | | | |
|-------------------|-----------|--|---|--|--|--|--|--|--|--|--|-----------|--|--|
| TAXES PAID | 16 | Taxes Paid | | | | | | | | | | | | |
| | | a | Advance Tax (from item 25) | | | | | | | | | | 16a | |
| | | b | TDS (column 7 of item 23 + column 7 of item 24) | | | | | | | | | | 16b | |
| | | c | Self Assessment Tax (from item 25) | | | | | | | | | | 16c | |
| | 17 | Total Taxes Paid (16a+16b+16c) | | | | | | | | | | 17 | | |
| | 18 | Tax Payable (15-17) (Enter if 15 is greater than 17, else leave blank) | | | | | | | | | | 18 | | |
| REFUND | 19 | Refund (17-15) (enter if 17 is greater than 15, also give Bank Account details below) | | | | | | | | | | 19 | | |
| | 20 | Enter your bank account number (mandatory in case of refund) | | | | | | | | | | | | |
| | 21 | Do you want your refund by <input type="checkbox"/> cheque, or <input type="checkbox"/> deposited directly into your bank account? (tick as applicable <input checked="" type="checkbox"/>) | | | | | | | | | | | | |
| | 22 | Give additional details of your bank account | | | | | | | | | | | | |
| | | MICR Code | | | | | | | | | | | Type of Account (tick as applicable <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Savings | |

| | | | | | | | | | | | | | | | | |
|----------------------|--------------|---|---|--|-------------------------------------|--------------------------------------|---------------------------|---|--|--|--|--|--|--|--|--|
| 23 | | | | | | | | Details of Tax Deducted at Source from Salary [As per Form 16 issued by Employer(s)] | | | | | | | | |
| TDS ON SALARY | Sl No | Tax Deduction Account Number (TAN) of the Employer | Name and address of the Employer | Income chargeable under the head Salaries | Deduction under Chapter VI-A | Tax payable (incl. edn. cess) | Total tax deducted | Tax payable/refundable | | | | | | | | |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | | | | | | | | |
| | i | | | | | | | | | | | | | | | |
| | ii | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|------------------------|--------------|---|---|-----------------------------|---------------------------------|---------------------------|--|--|--|--|--|--|--|--|--|
| 24 | | | | | | | | Details of Tax Deducted at Source other than salary | | | | | | | |
| TDS ON INTEREST | Sl No | Tax Deduction Account Number (TAN) of the Deductor | Name and address of the Deductor | Amount paid/credited | Date of Payment / Credit | Total tax deducted | Amount out of (6) claimed for this year | | | | | | | | |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | | | | | | | | |
| | i | | | | | | | | | | | | | | |
| | ii | | | | | | | | | | | | | | |
| NOTE | | | | | | | | Enter the total of column (7) of 23 and column (7) of 24 in Sl No. 16b of TAXES PAID | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--------------|----------------------------------|-----------------|-------------------------------------|---------------------------------|--------------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 25 | | | | | | | | | | | | Details of Advance Tax and Self Assessment Tax Payments | | | | | | | | | | | |
| TAX PAYMENTS | Sl No | Name of Bank & Branch | BSR Code | Date of Deposit (DD/MM/YYYY) | Serial Number of Challan | Amount (Rs) | | | | | | | | | | | | | | | | | |
| | i | | | | | | | | | | | | | | | | | | | | | | |
| | ii | | | | | | | | | | | | | | | | | | | | | | |
| | iii | | | | | | | | | | | | | | | | | | | | | | |
| NOTE | | | | | | | | | | | | Enter the totals of Advance tax and Self Assessment tax in Sl No. 16a and 16c of TAXES PAID | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|-------------|--------------------|-----------|-------------|--------------------|-----------|-------------|--------------------|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 26 | | | | | | | | | | | | Other Information (transactions reported through Annual Information Return) (Please see instruction number-9(ii) for code) | | | | | | | | | | | |
| Sl | Code | Amount (Rs) | Sl | Code | Amount (Rs) | Sl | Code | Amount (Rs) | | | | | | | | | | | | | | | |
| a | 001 | | d | 004 | | g | 007 | | | | | | | | | | | | | | | | |
| b | 002 | | e | 005 | | h | 008 | | | | | | | | | | | | | | | | |
| c | 003 | | f | 006 | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|--|--|-----------|--|
| 27 | Exempt income only for reporting purposes (from Dividend, Capital gains etc) | | | | | | | | | | 27 | |
|-----------|--|--|--|--|--|--|--|--|--|--|-----------|--|

VERIFICATION

I, _____ son/ daughter of _____ solemnly declare that to the best of my knowledge and belief, the information given in the return thereto 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 2010-11.

Place _____ Date _____ Sign here → _____

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|---------------------------|--|--|--|--|--|-------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| 28 | | | | | | | | | | | | 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 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | If TRP is entitled for any reimbursement from the Government, amount thereof (to be filled by TRP) | | | | | | | | | | | |
| | | | | | | | | | | | | 29 | | | | | | | | | | | |