

INDIAN INCOME TAX RETURN

(For individuals and HUFs having income from profits and gains of business or profession)

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

Assessment Year

2019 - 20

Part A-GEN

GENERAL

PERSONAL INFORMATION	First name		Middle name		Last name		PAN	
	Flat/Door/Block No.			Name Of Premises/Building/Village			Status (Tick) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> HUF	
	Road/Street/Post Office			Date of Birth/Formation (DD/MM/YYYY)				
	Area/locality			Aadhaar Number (12 digit)/ Aadhaar Enrolment Id (28 digit) (if eligible for Aadhaar)				
	Town/City/District			State		Pin code/Zip code		
				Country				
	Residential/Office Phone Number with STD code / Mobile No. 1				Mobile No. 2			
	Email Address-1 (self)				Email Address-2			
FILING STATUS	(a) Filed u/s (Tick) [Please see instruction]		<input type="checkbox"/> 139(1)- On or Before due date, <input type="checkbox"/> 139(4)- After due date, <input type="checkbox"/> 139(5)- Revised Return, <input type="checkbox"/> 92CD-Modified return, <input type="checkbox"/> 119(2)(b)- after condonation of delay					
	Or Filed in response to notice u/s		<input type="checkbox"/> 139(9) <input type="checkbox"/> 142(1), <input type="checkbox"/> 148, <input type="checkbox"/> 153A, <input type="checkbox"/> 153C					
	(b) If revised/Defective/Modified, then enter Receipt No. and Date of filing original return (DD/MM/YYYY)						/ /	
	(c) If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C or order u/s 119(2)(b), enter date of such notice/order, or if filed u/s 92CD enter date of advance pricing agreement						/ /	
	(d) Residential Status in India (for individuals) (Tick applicable option)	A. Resident		<input type="checkbox"/> You were in India for 182 days or more during the previous year [section 6(1)(a)]				
				<input type="checkbox"/> You were in India for 60 days or more during the previous year, and have been in India for 365 days or more within the 4 preceding years [section (6)(1)(c)] [where Explanation 1 is not applicable]				
		B. Resident but not Ordinarily Resident		<input type="checkbox"/> You have been a non-resident in India in 9 out of 10 preceding years [section 6(6)(a)]				
				<input type="checkbox"/> You have been in India for 729 days or less during the 7 preceding years [section 6(6)(a)]				
		C. Non-resident		<input type="checkbox"/> You were a non-resident during the previous year.				
				(i) Please specify the jurisdiction(s) of residence during the previous year -				
		S.No.	Jurisdiction of residence		Taxpayer Identification Number			
		1						
		2						
		(ii) In case you are a Citizen of India or a Person of Indian Origin (POI), please specify -						
		Total period of stay in India during the previous year (in days)			Total period of stay in India during the 4 preceding years (in days)			
Residential Status in India (for HUF) (Tick applicable option)		<input type="checkbox"/> Resident <input type="checkbox"/> Resident but not Ordinarily Resident		<input type="checkbox"/> Non-resident				
(e) Do you want to claim the benefit under section 115H? (applicable in case of resident)		<input type="checkbox"/> Yes <input type="checkbox"/> No						
(f) Are you governed by Portuguese Civil Code as per section 5A? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "YES" please fill Schedule 5A)								
(g) Whether this return is being filed by a representative assessee? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, furnish following information -								
(1) Name of the representative								
(2) Capacity of the Representative (drop down to be provided)								
(3) Address of the representative								
(4) Permanent Account Number (PAN) of the representative								

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Receipt No.

Date

Seal and Signature of receiving official

(h)	Whether you were Director in a company at any time during the previous year? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information -												
	Name of Company			PAN			Whether its shares are listed or unlisted			Director Identification Number (DIN)			
(i)	Whether you are Partner in a firm? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information												
	Name of Firm						PAN						
(j)	Whether you have held unlisted equity shares at any time during the previous year? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information in respect of equity shares												
	Name of company	PAN	Opening balance		Shares acquired during the year					Shares transferred during the year		Closing balance	
			No. of shares	Cost of acquisition	No. of shares	Date of subscription / purchase	Face value per share	Issue price per share (in case of fresh issue)	Purchase price per share (in case of purchase from existing shareholder)	No. of shares	Sale consideration	No. of shares	Cost of acquisition
	1	2	3	4	5	6	7	8	9	10	11	12	13
(k)	In case of non-resident, is there a permanent establishment (PE) in India? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
(l)	Whether assessee is located in an International Financial Services Centre and derives income solely in convertible foreign exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No												

AUDIT INFORMATION

(a)	Are you liable to maintain accounts as per section 44AA? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
(b)	Are you liable for audit under section 44AB? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
(c)	If (b) is Yes, whether the accounts have been audited by an accountant? (Tick) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, furnish the following information below												
	(1)	Date of furnishing of the audit report (DD/MM/YYYY) / /											
	(2)	Name of the auditor signing the tax audit report											
	(3)	Membership No. of the auditor											
	(4)	Name of the auditor (proprietorship/ firm)											
	(5)	Proprietorship/firm registration number											
	(6)	Permanent Account Number (PAN) of the proprietorship/ firm											
	(7)	Date of report of the audit											
(di)	Are you liable for Audit u/s 92E? <input type="checkbox"/> Yes <input type="checkbox"/> No						Date of furnishing audit report? DD/MM/YYYY						
(dii)	If liable to furnish other audit report, mention the date of furnishing the audit report? (DD/MM/YY) (Please see Instruction 6)												
	Sl. No.	Section Code						Date (DD/MM/YYYY)					
(e)	If liable to audit under any Act other than the Income-tax act, mention the Act, section and date of furnishing the audit report?												
	Act and section				(DD/MM/YY)			Act and section				(DD/MM/YY)	

NATURE OF BUSINESS NATURE OF BUSINESS OR PROFESSION, IF MORE THAN ONE BUSINESS OR PROFESSION INDICATE THE THREE MAIN ACTIVITIES/ PRODUCTS (OTHER THAN THOSE DECLARING INCOME UNDER SECTIONS 44AD, 44ADA AND 44AE)

S.No.	Code [Please see instruction No.7(i)]	Trade name of the proprietorship, if any	Description
(i)			
(ii)			
(iii)			