

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------|
| <b>FORM<br/>ITR-V</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>INDIAN INCOME TAX RETURN VERIFICATION FORM</b><br>[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature] .<br>(Please see Rule 12 of the Income-tax Rules, 1962) |             |                                   |                                                                                                                                                             | <b>Assessment Year</b><br><b>2016-17</b>           |                 |
| PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name                                                                                                                                                                                                                                                                                        |             |                                   |                                                                                                                                                             | PAN                                                |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ABHIYAN ENTERPRISE                                                                                                                                                                                                                                                                          |             |                                   |                                                                                                                                                             | AAXFA2542E                                         |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Flat/Door/Block No                                                                                                                                                                                                                                                                          |             | Name Of Premises/Building/Village |                                                                                                                                                             | Form No. which has been electronically transmitted |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | F F/6                                                                                                                                                                                                                                                                                       |             | ADARSH COMPLEX AND ESTATE         |                                                                                                                                                             |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Road/Street/Post Office                                                                                                                                                                                                                                                                     |             | Area/Locality                     |                                                                                                                                                             | Status Firm                                        |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ChHotalal ni chali                                                                                                                                                                                                                                                                          |             | Opp. MURLIDHAR SOCIETY, ODHAV     |                                                                                                                                                             |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Town/City/District                                                                                                                                                                                                                                                                          |             | State                             |                                                                                                                                                             | Aadhaar Number                                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AHMEDABAD                                                                                                                                                                                                                                                                                   |             | GUJARAT                           |                                                                                                                                                             |                                                    |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Designation of AO (Ward / Circle) WARD 1(3)(1) AHMEDABAD                                                                                                                                                                                                                                    |             |                                   |                                                                                                                                                             | Original or Revised ORIGINAL                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E-filing Acknowledgement Number 235651780050716                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             | Date(DD-MM-YYYY) 05-07-2016                        |                 |
| 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 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                                                                                                                                                          |                                                    |                 |
| Agriculture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
| Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
| <b>VERIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
| I, <b>LALITKUMAR MANGILAL JAIN</b> son/ daughter of <b>MANGILAL HIRALAL JAIN</b> , holding Permanent Account Number <u>ADBPJ3678F</u> 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 2016-17. I further declare that I am making this return in my capacity as <u>PARTNER</u> and I am also competent to make this return and verify it. |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
| Sign here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             |             |                                   | Date                                                                                                                                                        | 05-07-2016                                         | Place AHMEDABAD |
| 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                           |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |
| <b>For Office Use Only</b><br>Receipt No<br>Filed from IP address 117.196.14.105<br>Date<br>Seal and signature of receiving official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                             |             |                                   | <br>AAXFA2542E052356517800507161B1A3478B8984157B573B6D7B5BE85BBB2816D0C |                                                    |                 |
| Please send the duly signed Form ITR-V to <b>"Income Tax Department - CPC, Post Bag No - 1, Electronic City Post Office, Bengaluru - 560100, Karnataka"</b> , by <b>ORDINARY POST OR SPEED POST ONLY, within 120 days</b> 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 <u>kahandvp@yahoo.co.in</u>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |             |                                   |                                                                                                                                                             |                                                    |                 |