

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---|
| FORM<br>ITR-V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INDIAN INCOME TAX RETURN VERIFICATION FORM<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) |                                 |                                                   |                                    | Assessment Year<br><b>2015 - 16</b>                                  |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
| PERSONAL INFORMATION AND THE<br>DATE OF ELECTRONIC<br>TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name<br>SHYAMAL DEVELOPERS                                                                                                                                                                                                                                                           |                                 |                                                   |                                    | PAN<br>ACSFS9671F                                                    |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Flat/Door/Block No<br>S.N.187/1-2-3,                                                                                                                                                                                                                                                 |                                 | Name Of Premises/Building/Village<br>KADAM VILLA, |                                    | Form No. which<br>has been<br>electronically<br>transmitted<br>ITR-5 |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Road/Street/Post Office<br>NR. SHARMA'S FARM,                                                                                                                                                                                                                                        |                                 | Area/Locality<br>OPP. APOLLO HOSPITAL.++          |                                    |                                                                      |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Town/City/District<br>GANDHINAGAR,                                                                                                                                                                                                                                                   |                                 | State<br>GUJARAT                                  | Pin<br>382428                      | Aadhaar Number                                                       |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Designation of AO (Ward / Circle) GUJ W12301                                                                                                                                                                                                                                         |                                 |                                                   |                                    | Original or Revised ORIGINAL                                         |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E-filing Acknowledgement Number 745896480300815                                                                                                                                                                                                                                      |                                 |                                                   |                                    | Date(DD-MM-YYYY) 30-08-2015                                          |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMPUTATION OF INCOME<br>AND TAX THEREON                                                                                                                                                                                                                                             | 1                               | Gross Total Income                                |                                    |                                                                      |                                                                     | 1 |
| 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                                                                                                                                                                                                                                                                        | Agriculture                     |                                                   |                                    | 10                                                                   |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      | Others                          |                                                   |                                    |                                                                      |                                                                     |   |
| VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
| I, <b>GOPALBHAI KANUBHAI PATEL</b> son/ daughter of <b>KANUBHAI PATEL</b> , holding Permanent Account Number <b>AEHPP4357G</b> 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 2015-16. I further declare that I am making this return in my capacity as <b>INDIVIDUAL</b> and I am also competent to make this return and verify it. |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
| Sign here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                      |                                 |                                                   | Date                               | 30-08-2015                                                           | 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                                             |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
| For Office Use Only<br>Receipt No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                      |                                 |                                                   | Filed from IP address 182.70.26.72 |                                                                      |                                                                     |   |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
| Seal and signature of receiving official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      | ACSFS9671F05745896480300815C1F1030B14FCBE247DAEF228C664DE6F681F29D1 |   |
| Please send the duly signed Form ITR-V to "Income Tax Department - CPC, Post Bag No - 1, Electronic City Post Office, Bengaluru - 560100, Karnataka", 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 <u>gopalpatel_k@yahoo.in</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                      |                                 |                                                   |                                    |                                                                      |                                                                     |   |