

FORM ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

(Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature).

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year

2017-18

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

|                                                          |                                                             |                                                    |                                                 |
|----------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| Name<br>VALLABHBHAI BHAGAVANJBHAI LUNAGARIYA             |                                                             | PAN<br>ACRFL2141G                                  |                                                 |
| Flat/Door/Block No<br>KULDEVI KRUPA                      | Name Of Premises/Building/Village<br>RANCHHOD NAGAR SOCIETY | Form No. which has been electronically transmitted | ITR-3                                           |
| Road/Street/Post Office<br>KUVADAVA ROAD                 | Area/Locality<br>K. J. VEKARIYA ROAD                        | Status                                             | Individual                                      |
| Town/City/District<br>RAJKOT                             | State<br>GUJARAT                                            | Pin/Zip Code<br>360003                             | Aadhaar Number/ Enrollment ID<br>XXXX XXXX 2886 |
| Designation of AO (Ward / Circle)<br>ITO WD 3(1)(3), RKT |                                                             | Original or Revised                                | ORIGINAL                                        |
| E-filing Acknowledgement Number<br>415888570280218       |                                                             | Date(DD-MM-YYYY)                                   | 28-02-2018                                      |

COMPUTATION OF INCOME AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 284,64 |
| 2  | Deductions under Chapter-VI-A  | 2  | 90633  |
| 3  | Total Income                   | 3  | 295630 |
| 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 | 412970 |
|    | Others                         |    | 102    |
|    |                                |    | 41302  |

## VERIFICATION

I, VALLABHBHAI BHAGAVANJBHAI son/daughter of BHAGAVANJBHAI BAVAB, holding Permanent Account Number ACRFL2141G 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 the e-filing acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here Vallabh Bhai Lunagariya Date 28-02-2018 Place RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

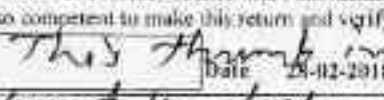
For Office Use Only  
Receipt NoFiled from IP address 117.207.0.100

Date

Seal and signature of  
receiving official

ACRFL2141G003415888570280218AS013H1307DCTB1G0RAT1E1007ED11K100004

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED POST ONLY**, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address IT28springan@gmail.com

| FORM 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-3, ITR-4 (SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature).<br>(Please see Rule 12 of the Income-tax Rules, 1962) |                               | Assessment Year<br><b>2017-18</b>                                                    |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
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| PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name<br><b>KANTABEN VALLABHBHAI LUNAGARIYA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                     |                               | PAN<br><b>ALBPL8582A</b>                                                             |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Flat/Door/Block No<br><b>KULDEVI KRUPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name Of Premises/Building/Village<br><b>RANCHHOD NAGAR SOCIETY</b>                                                                                                                                                                                                  |                               | Form No. which has been electronically transmitted<br><b>ITR-3</b>                   |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Road/Street/Post Office<br><b>KUVADAVA ROAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Area/Locality<br><b>K. J. VEKARIYA ROAD</b>                                                                                                                                                                                                                         |                               | Status<br><b>Individual</b>                                                          |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Town/City/District<br><b>RAJKOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>GUJARAT</b>                                                                                                                                                                                                                                             | Pin/Zip Code<br><b>360003</b> | Aadhaar Number/ Enrollment ID<br><b>XXXX XXXX 9215</b>                               |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Designation of AO (Ward / Circle)<br><b>ITD WD 1(1)(1), RKT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               | Original or Revised<br><b>ORIGINAL</b>                                               |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E-filing Acknowledgement Number<br><b>415803040280218</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                     |                               | Date (DD-MM-YYYY)<br><b>28-02-2018</b>                                               |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1</td> <td>Gross Total Income</td> <td>1</td> <td>266219</td> </tr> <tr> <td>2</td> <td>Deductions under Chapter-VI-A</td> <td>2</td> <td>3419</td> </tr> <tr> <td>3</td> <td>Total Income</td> <td>3</td> <td>262800</td> </tr> <tr> <td>a</td> <td>Current Year loss, if any</td> <td>3a</td> <td>0</td> </tr> <tr> <td>4</td> <td>Net Tax Payable</td> <td>4</td> <td>0</td> </tr> <tr> <td>5</td> <td>Interest Payable</td> <td>5</td> <td>0</td> </tr> <tr> <td>6</td> <td>Total Tax and Interest Payable</td> <td>6</td> <td>0</td> </tr> <tr> <td>7</td> <td>Taxes Paid</td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Advance Tax</td> <td>7a</td> <td>0</td> </tr> <tr> <td>b</td> <td>TDS</td> <td>7b</td> <td>0</td> </tr> <tr> <td>c</td> <td>TCS</td> <td>7c</td> <td>0</td> </tr> <tr> <td>d</td> <td>Self Assessment Tax</td> <td>7d</td> <td>0</td> </tr> <tr> <td>e</td> <td>Total Taxes Paid (7a+7b+7c+7d)</td> <td>7e</td> <td>0</td> </tr> <tr> <td>8</td> <td>Tax Payable (6-7e)</td> <td>8</td> <td>0</td> </tr> <tr> <td>9</td> <td>Refund (7e-6)</td> <td>9</td> <td>0</td> </tr> <tr> <td>10</td> <td>Exempt Income</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Agriculture</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Others</td> <td>10</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  | 1 | Gross Total Income | 1 | 266219 | 2 | Deductions under Chapter-VI-A | 2 | 3419 | 3 | Total Income | 3 | 262800 | 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 |  |  |  | Others | 10 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Gross Total Income                                                                                                                                                                                                                                                  | 1                             | 266219                                                                               |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Deductions under Chapter-VI-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2                                                                                                                                                                                                                                                                   | 3419                          |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                                                                                                                                                                                                                                                                   | 262800                        |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10                                                                                                                                                                                                                                                                  |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| <p>I, <b>KANTABEN VALLABHBHAI LUNAGARIYA</b> son/ daughter of <b>NAGJIBHAI PREMJIJI LUNAGARIYA</b>, holding Permanent Account Number <b>ALBPL8582A</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 2017-18. I further declare that I am making this return in my capacity as <b>Individual</b> and am also competent to make this return and verify it.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| Sign here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <br>Date <b>28-02-2018</b> Place <b>RAJKOT</b>                                                                                                                                   |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| 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 <b>117.207.0.100</b>                                                                                                                                                                                                                          |                               |  |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| Self and signature of receiving official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |
| Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by <b>ORDINARY POST OR SPEED POST ONLY</b> , 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 in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address <b>628/masana@gmail.com</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                               |                                                                                      |  |   |                    |   |        |   |                               |   |      |   |              |   |        |   |                           |    |   |   |                 |   |   |   |                  |   |   |   |                                |   |   |   |            |  |  |   |             |    |   |   |     |    |   |   |     |    |   |   |                     |    |   |   |                                |    |   |   |                    |   |   |   |               |   |   |    |               |  |  |  |             |  |  |  |        |    |  |



FORM ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature] -

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year  
2017-18PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                                          |                                                      |                                                             |                                                 |
|----------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|
| Name<br>KISHORBHAI VALLABHBHAI LUNAGARIA                 |                                                      | PAN<br>ADQPL6205D                                           |                                                 |
| Flat/Door/Block No                                       | Name Of Premises/Building/Village<br>"KULDEVI KRUPA" | Form No. which<br>has been<br>electronically<br>transmitted | ITR-3                                           |
| Road/Street/Post Office<br>RANCHHOD NAGAR SOCIETY        | Area/Locality<br>KURJI VEKARIYA ROAD                 | Status                                                      | Individual                                      |
| Town/City/District<br>RAJKOT                             | State<br>GUJARAT                                     | Pin/Zip Code<br>360003                                      | Aadhaar Number/ Enrollment ID<br>XXXX XXXX 1142 |
| Designation of AO (Ward / Circle)<br>ITO WD 2(1)(3), RKT |                                                      | Original or Revised                                         | ORIGINAL                                        |
| E-filing Acknowledgement Number<br>432442050090318       |                                                      | Date(DD-MM-YYYY)                                            | 09-03-2018                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 391103 |
| 2  | Deductions under Chapter-VI-A  | 2  | 33617  |
| 3  | Total Income                   | 3  | 357486 |
| a  | Current Year loss, if any      | 3a | 0      |
| 4  | Net Tax Payable                | 4  | 6275   |
| 5  | Interest Payable               | 5  | 496    |
| 6  | Total Tax and Interest Payable | 6  | 6771   |
| 7  | Taxes Paid                     |    |        |
| a  | Advance Tax                    | 7a | 0      |
| b  | TDS                            | 7b | 0      |
| c  | TCS                            | 7c | 0      |
| d  | Self Assessment Tax            | 7d | 6770   |
| e  | Total Taxes Paid (7a+7b+7c+7d) | 7e | 6770   |
| 8  | Tax Payable (6-7e)             | 8  | 0      |
| 9  | Refund (7e-6)                  | 9  | 0      |
| 10 | Exempt Income                  |    |        |
|    | Agriculture                    |    |        |
|    | Others                         | 10 |        |

## VERIFICATION

I, KISHORBHAI VALLABHBHAI, son/ daughter of VALLABHBHAI H. LUNAGA, holding Permanent Account Number ADQPL6205D, solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here 22.8.18

Date 09-03-2018

Place RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

For Office Use Only

Receipt No

Filed from IP address 117.193.163.104

Date

Seal and signature of  
receiving official

ADQPL6205D/034420500903180EFA564CDE2E5D96BF67947C4A8C718EED33D162

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address [928729431@gmail.com](mailto:928729431@gmail.com)

**INDIAN INCOME TAX RETURN ACKNOWLEDGEMENT**

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4, ITR-5, ITR-6, ITR-7 transmitted electronically with digital signature]

Assessment Year  
**2017-18**

|                                                              |                                 |                                   |                   |                                                    |       |
|--------------------------------------------------------------|---------------------------------|-----------------------------------|-------------------|----------------------------------------------------|-------|
| PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION | Name                            |                                   |                   | PAN                                                |       |
|                                                              | RASHIKHAI CHUNILAL LUNAGARIYA   |                                   |                   | AEPPL6545Q                                         |       |
|                                                              | Flat/Door/Block No              | Name Of Premises/Building/Village |                   | Form No. which has been electronically transmitted |       |
|                                                              |                                 | PROPRIETOR OF SHREE SILVER        |                   |                                                    | ITR-3 |
|                                                              | Road/Street/Post Office         | Area/Locality                     |                   | Status                                             |       |
|                                                              | 22/25, RANCHHOD NAGAR SOCIETY   | PEDAK ROAD                        |                   | Individual                                         |       |
|                                                              | Town/City/District              | State                             | Pin/Zip Code      | Aadhaar Number/Enrollment ID                       |       |
|                                                              | RAJKOT                          | GUJARAT                           | 360003            | 941956375967                                       |       |
|                                                              | Designation of AO (Ward/Circle) |                                   |                   | Original or Revised                                |       |
|                                                              | T/O WD 2(1)(3), RKT             |                                   |                   | ORIGINAL                                           |       |
| E-filing Acknowledgement Number                              |                                 |                                   | Date (DD/MM/YYYY) |                                                    |       |
| 226553981290917                                              |                                 |                                   | 29-09-2017        |                                                    |       |
| COMPUTATION OF INCOME AND TAX THEREON                        | 1                               | Gross total income                | 1                 | 490992                                             |       |
|                                                              | 2                               | Deductions under Chapter VI-A     | 2                 | 45872                                              |       |
|                                                              | 3                               | Total Income                      | 3                 | 447120                                             |       |
|                                                              | 3a                              | Current Year loss, if any         | 3a                | 0                                                  |       |
|                                                              | 4                               | Net tax payable                   | 4                 | 15507                                              |       |
|                                                              | 5                               | Interest payable                  | 5                 | 1719                                               |       |
|                                                              | 6                               | Total tax and interest payable    | 6                 | 17216                                              |       |
|                                                              | 7                               | Taxes Paid                        |                   |                                                    |       |
|                                                              | a                               | Advance Tax                       | 7a                | 0                                                  |       |
|                                                              | b                               | TDS                               | 7b                | 0                                                  |       |
|                                                              | c                               | TCS                               | 7c                | 0                                                  |       |
|                                                              | d                               | Self Assessment Tax               | 7d                | 17530                                              |       |
|                                                              | e                               | Total Taxes Paid (7a+7b+7c+7d)    | 7e                | 17530                                              |       |
| 8                                                            | Tax Payable (6-7e)              | 8                                 | 0                 |                                                    |       |
| 9                                                            | Refund (7e-6)                   | 9                                 | 310               |                                                    |       |
| 10                                                           | Exempt Income                   |                                   |                   |                                                    |       |
|                                                              | Agriculture                     |                                   |                   |                                                    |       |
|                                                              | Others                          |                                   |                   |                                                    |       |

This return has been digitally signed by RASHIKHAI CHUNILAL LUNAGARIYA in the capacity of \_\_\_\_\_  
 having PAN AEPPL6545Q from IP Address 117.207.3.10 on 29-09-2017 at RAJKOT  
 Doc SI No & Issuer 13253670CN=Madhira Sub CA for Class 2 Individual 2014,OU=Certifying Authority,OU=Madhira Consumer Services Limited,C=IN

**DO NOT SEND THIS ACKNOWLEDGEMENT TO CPC, BENGALURU**

## INDIAN INCOME TAX RETURN VERIFICATION FORM

(Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4 (SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature).

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year

2017-18

PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

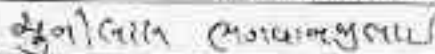
|                                                                 |                                    |                                                    |                                                        |
|-----------------------------------------------------------------|------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| Name<br><b>CHUNILAL BHAGVANJIBHAI LUNAGARIYA</b>                |                                    | PAN<br><b>ALBPL8518Q</b>                           |                                                        |
| Flat/Door/Block No.                                             | Name Of Premises/Building/Village  | Form No. which has been electronically transmitted | ITR-3                                                  |
| Road/Street/Post Office<br><b>22/25, RANCHHOD NAGAR SOCIETY</b> | Area/Locality<br><b>PEDAK ROAD</b> | Status                                             | Individual                                             |
| Town/City/District<br><b>RAJKOT</b>                             | State<br><b>GUJARAT</b>            | Pin/Zip Code<br><b>360003</b>                      | Aadhaar Number/ Enrollment ID<br><b>XXXX XXXX 2886</b> |
| Designation of AO (Ward / Circle)<br><b>ITO WD 1(103), RKT</b>  |                                    | Original or Revised                                | ORIGINAL                                               |
| E-filing Acknowledgement Number<br><b>415861170280318</b>       |                                    | Date (DD-MM-YYYY)                                  | <b>28-02-2018</b>                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 299241 |
| 2  | Deductions under Chapter-VI-A  | 2  | 11019  |
| 3  | Total Income                   | 3  | 288220 |
| 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                    |    |        |
|    | Others                         | 10 |        |

## VERIFICATION

I, **CHUNILAL BHAGVANJIBHAI** son/ daughter of **BHAGVANJIBHAI BAVABH**, holding Permanent Account Number **ALBPL8518Q** solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as **and I am also competent to make this return and verify it.**

Sign here Date **28-02-2018**Place **RAJKOT**

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

For Office Use Only

Receipt No.

Filed from IP address **117.207.0.100**

Date

Seal and signature of  
receiving official

ALBPL8518Q34158611702803185140140E4B4F2B8618DDCA1F057E495C9E32BA

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED POST ONLY**, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITC-GPC will be sent to the e-mail address **928@satish@gmail.com**

FORM  
ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4 (SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature]

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year  
2017-18PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                                             |                                   |                                 |                                                                      |
|-------------------------------------------------------------|-----------------------------------|---------------------------------|----------------------------------------------------------------------|
| Name<br>KIRAN CHUNILAL LUNAGARIYA                           |                                   | PAN<br>AFVPL7860B               |                                                                      |
| Flat/Door/Block No                                          | Name Of Premises/Building/Village |                                 | Form No. which<br>has been<br>electronically<br>transmitted<br>ITR-3 |
|                                                             |                                   |                                 |                                                                      |
| Road/Street/Post Office<br>22/25, RANCHHOD NAGAR<br>SOCIETY | Area/Locality<br>PEDAK ROAD       |                                 | Status Individual                                                    |
| Town/City/District<br>RAJKOT                                | State<br>GUJARAT                  | Pin/Zip Code<br>360003          |                                                                      |
| Designation of AO (Ward / Circle)<br>ITO WD 2(1)(3), RKT    |                                   | Original or Revised ORIGINAL    |                                                                      |
| E-filing Acknowledgement Number<br>432200070090318          |                                   | Date (DD-MM-YYYY)<br>09-03-2018 |                                                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 102022 |
| 2  | Deductions under Chapter-VI-A  | 2  | 2870   |
| 3  | Total Income                   | 3  | 299200 |
| a  | Current Year loss, if any      | 3a | 0      |
| 4  | Net Tax Payable                | 4  | 271    |
| 5  | Interest Payable               | 5  | 16     |
| 6  | Total Tax and Interest Payable | 6  | 287    |
| 7  | Taxes Paid                     |    |        |
| a  | Advance Tax                    | 7a | 0      |
| b  | TDS                            | 7b | 0      |
| c  | TCS                            | 7c | 0      |
| d  | Self Assessment Tax            | 7d | 290    |
| e  | Total Taxes Paid (7a+7b+7c+7d) | 7e | 290    |
| 8  | Tax Payable (6-7e)             | 8  | 0      |
| 9  | Refund (7e-6)                  | 9  | 0      |
| 10 | Exempt Income:                 |    |        |
|    | Agriculture                    |    |        |
|    | Others                         |    |        |

## VERIFICATION

I, KIRAN CHUNILAL LUNAGARIYA, son/daughter of PHURABHAI DHARAMSHI, holding Permanent Account Number AFVPL7860B, solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here 152531 23/03/2018

Date 09-03-2018

Place RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|---------------------------|-------------|--------------------------|
|                           |             |                          |

For Office Use Only

Receipt No

Filed from IP address 117.198.163.104

Date

Seal and signature of  
receiving official

AFVPL7860B03432007009031800120271600C416AFD0016067811F28E2D7B4E9

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by **ORDINARY POST OR SPEED POST ONLY**, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address [929rpo@itd-cpc.com](mailto:929rpo@itd-cpc.com)

## INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature]

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year  
**2017-18**

PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                   |                                   |              |                                                    |            |
|-----------------------------------|-----------------------------------|--------------|----------------------------------------------------|------------|
| Name                              |                                   |              | PAN                                                |            |
| KETAN CHUNILAL LUNAGARIYA         |                                   |              | APUPL7734D                                         |            |
| Flat/Door/Block No                | Name Of Premises/Building/Village |              | Form No. which has been electronically transmitted | ETR-3      |
|                                   | RANCHHOD NAGAR SOCIETY            |              |                                                    |            |
| Road/Street/Post Office           | Area/Locality                     |              |                                                    |            |
| STREET NO. 22/25 CORNER           | PEDAK ROAD                        |              | Status Individual                                  |            |
| Town/City/District                | State                             | Pin/Zip Code | Aadhaar Number/ Enrollment ID                      |            |
| RAJKOT                            | GUJARAT                           | 360003       | XXXX XXXX 5967                                     |            |
| Designation of AO (Ward / Circle) | ITO WD 2(1)(3), RKT               |              | Original or Revised                                | ORIGINAL   |
| E-filing Acknowledgement Number   | 415706670280218                   |              | Date(DD-MM-YYYY)                                   | 28-01-2018 |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                | Date (DD-MM-YYYY) | 20-03-2018 |
|----|--------------------------------|-------------------|------------|
| 1  | Gross Total Income             | 1                 | 305563     |
| 2  | Deductions under Chapter-VI-A  | 2                 | 19536      |
| 3  | Total Income                   | 3                 | 286027     |
| 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 (7b-6)                  | 9                 | 0          |
| 10 | Exempt Income                  |                   |            |
|    | Agriculture                    |                   |            |
|    | Others                         | 10                |            |

## VERIFICATION

I, **KE TAN CHUNILAL LUNAGARIY**, son/daughter of **CHUNILAL B. LUNAGARIY**, holding Permanent Account Number **AFJPL7734D**, solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here: (Signature) Date: 28-02-2018 Place: RAJKOT

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

Receipts No.

Filed from IP address: 117.207.0.140

*Dates*

Seal and signature of  
receiving official



ADUPLJ14002415700670200254E2770000F-A9H1200241H7-1JC/L27A579BA00D14

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560009", 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 ITC-CPC will be sent to the e-mail address [528rpsatam@gmail.com](mailto:528rpsatam@gmail.com)

FORM ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

(Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature).

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year  
2017-18PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                                           |                                   |                                                    |                                                 |
|-----------------------------------------------------------|-----------------------------------|----------------------------------------------------|-------------------------------------------------|
| Name<br>RAMESHBHAI BHAGVANJIBHAI LUNAGARIYA               |                                   | PAN<br>ALBPL8581D                                  |                                                 |
| Flat/Door/Block No.                                       | Name Of Premises/Building/Village | Form No. which has been electronically transmitted | ITR-3                                           |
| Road/Street/Post Office<br>22/25, RANCHHOD NAGAR SOCIETY  | Area/Locality<br>PEDAK ROAD       | Status                                             | Individual                                      |
| Town/City/District<br>RAJKOT                              | State<br>GUJARAT                  | Pin/Zip Code<br>360003                             | Aadhaar Number/ Enrollment ID<br>XXXX XXXX 7479 |
| Designation of AO (Ward / Circle)<br>ITO WD 2(1)(5), RKOT |                                   | Original or Revised                                | ORIGINAL                                        |
| E-filing Acknowledgement Number<br>432199390090318        |                                   | Date (DD-MM-YYYY)                                  | 09-03-2018                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 402542 |
| 2  | Deductions under Chapter-VI-A  | 2  |        |
| 3  | Total Income                   | 3  | 28937  |
| a  | Current Year loss, if any      | 3a | 373610 |
| 4  | Net Tax Payable                | 4  | 0      |
| 5  | Interest Payable               | 5  | 20313  |
| 6  | Total Tax and Interest Payable | 6  | 5082   |
| 7  | Taxes Paid                     | 7  | 25395  |
| a  | Advance Tax                    | 7a | 0      |
| b  | TDS                            | 7b | 0      |
| c  | TCS                            | 7c | 0      |
| d  | Self Assessment Tax            | 7d | 25400  |
| e  | Total Taxes Paid (7a+7b+7c+7d) | 7e | 25400  |
| 8  | Tax Payable (6-7e)             | 8  | 0      |
| 9  | Refund (7e-6)                  | 9  | 0      |
| 10 | Exempt Income                  | 10 | 609155 |
|    | Agriculture                    |    |        |
|    | Others                         |    |        |

## VERIFICATION

I, RAMESHBHAI BHAGVANJIBHAI son/ daughter of BHAGVANJIBHAI B. LUNAGARIYA, holding Permanent Account Number ALBPL8581D solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as and I am also competent to make this return and verify it.

Sign here 2221 020419 Y CIV

Date 09-03-2018

Place RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

For Office Use Only

Receipt No

Filed from IP address 117.198.163.104

Date

Seal and signature of  
receiving official

ALBPL8581D034321553XG390318FDDF7BC130504AC5E8B7A102B4C3E0F4B50CF14

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address [92kpsnagar@gmail.com](mailto:92kpsnagar@gmail.com)



FORM  
ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4 (SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature].

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year  
2017-18PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                                          |                                         |                                                    |                                                 |
|----------------------------------------------------------|-----------------------------------------|----------------------------------------------------|-------------------------------------------------|
| Name<br>KAUSHIK RAMESHBHAI LUNAGARYA                     |                                         | PAN<br>ADEPL3578K                                  |                                                 |
| Flat/Door/Block No.                                      | Name Of Premises/Building/Village       | Form No. which has been electronically transmitted | ITR-3                                           |
| Road/Street/Post Office<br>STREET NO. 22/25              | Area/Locality<br>RANCHHOD NAGAR SOCIETY | Status                                             | Individual                                      |
| Town/City/District<br>RAJKOT                             | State<br>GUJARAT                        | Pin/Zip Code<br>360003                             | Andhaar Number/ Enrollment ID<br>XXXX XXXX 5399 |
| Designation of AO (Ward / Circle)<br>ITO WD 2(1)(3), RKT |                                         | Original or Revised                                | ORIGINAL                                        |
| E-filing Acknowledgement Number<br>432438730090318       |                                         | Date(DD-MM-YYYY)                                   | 09-03-2018                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 313687 |
| 2  | Deductions under Chapter-VI-A  | 2  | 14228  |
| 3  | Total Income                   | 3  | 299460 |
| a  | Current Year loss, if any      | 3a | 0      |
| 4  | Net Tax Payable                | 4  | 298    |
| 5  | Interest Payable               | 5  | 18     |
| 6  | Total Tax and Interest Payable | 6  | 314    |
| 7  | Taxes Paid                     |    |        |
| a  | Advance Tax                    | 7a | 0      |
| b  | TDS                            | 7b | 0      |
| c  | TCS                            | 7c | 0      |
| d  | Self Assessment Tax            | 7d | 310    |
| e  | Total Taxes Paid (7a+7b+7c+7d) | 7e | 310    |
| 8  | Tax Payable (6-7e)             | 8  | 0      |
| 9  | Refund (7e-6)                  | 9  | 0      |
| 10 | Exempt Income                  |    |        |
|    | Agriculture                    |    |        |
|    | Others                         | 10 |        |

## VERIFICATION

I, KAUSHIK RAMESHBHAI LUNAGARYA, daughter of RAMESHBHAI BHAGVANJI, holding Permanent Account Number ADEPL3578K, solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here: 9/3/18 2112 03/12/18

Date: 09-03-2018

Place: RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

For Office Use Only

Receipt No.

Filed from IP address: 117.198.163.101

Date:

Seal and signature of  
receiving official

ADEPL3578K0343243873009031880002768960049680F80AB250HAE110820304FE

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITC-CPC will be sent to the e-mail address \_\_\_\_\_

928rmaelnd@gmail.com

FORM ITR-V

## INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 (transmitted electronically without digital signature) .

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year

2017-18

PERSONAL INFORMATION AND THE  
DATE OF ELECTRONIC  
TRANSMISSION

|                                                            |                                   |                                                    |                                                 |
|------------------------------------------------------------|-----------------------------------|----------------------------------------------------|-------------------------------------------------|
| Name<br>INDU RAMESHBHAI LUNAGARIYA                         |                                   | PAN<br>AFVPL7859L                                  |                                                 |
| Flat/Door/Block No                                         | Name Of Premises/Building/Village | Form No. which has been electronically transmitted | ITR-3                                           |
| Road/Street/Post Office<br>22/25, RANCHHOD NAGAR<br>SOCHTY | Area/Locality<br>PEDAK ROAD       | Status                                             | Individual                                      |
| Town/City/District<br>RAJKOT                               | State<br>GUJARAT                  | Pin/Zip Code<br>360003                             | Aadhaar Number/ Enrollment ID<br>XXXX XXXX 0427 |
| Designation of AO (Ward / Circle)<br>ITO WD 2(1)(3), RKT   |                                   | Original or Revised                                | ORIGINAL                                        |
| E-filing Acknowledgement Number<br>432435690090318         |                                   | Date(DD-MM-YYYY)                                   | 09-03-2018                                      |

COMPUTATION OF INCOME  
AND TAX THEREON

|    |                                |    |        |
|----|--------------------------------|----|--------|
| 1  | Gross Total Income             | 1  | 303668 |
| 2  | Deductions under Chapter-VI-A  | 2  | 3422   |
| 3  | Total Income                   | 3  | 300250 |
| a  | Current Year loss, if any      | 3a | 0      |
| 4  | Net Tax Payable                | 4  | 379    |
| 5  | Interest Payable               | 5  | 24     |
| 6  | Total Tax and Interest Payable | 6  | 403    |
| 7  | Taxes Paid                     | 7a | 403    |
| a  | Advance Tax                    | 7a | 0      |
| b  | TDS                            | 7b | 0      |
| c  | TCS                            | 7c | 0      |
| d  | Self Assessment Tax            | 7d | 400    |
| e  | Total Taxes Paid (7a+7b+7c+7d) | 7e | 403    |
| 8  | Tax Payable (6-7e)             | 8  | 0      |
| 9  | Refund (7e-6)                  | 9  | 0      |
| 10 | Exempt Income                  | 10 | 0      |
|    | Agriculture                    |    |        |
|    | Others                         |    |        |

## VERIFICATION

I, INDU RAMESHBHAI LUNAGARI son/ daughter of KHODABHAI KACHARABH holding Permanent Account Number AFVPL7859L solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as \_\_\_\_\_ and I am also competent to make this return and verify it.

Sign here Indu Rameshbhai Lunagari

Date 09-03-2018

Place RAJKOT

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

|                           |             |                          |
|---------------------------|-------------|--------------------------|
| Identification No. of TRP | Name of TRP | Counter Signature of TRP |
|                           |             |                          |

For Office Use Only  
Receipt No

Filed from IP address 117.198.163.154

Date

Send and signature of  
receiving official

AFVPL7859L0343243569009031800400181AF30CF782C1C358F8B0DF4E07E4D010

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address 928gouglon@gmail.com