

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|--------------------------|-------------------------------------------------------------|---------|
| FORM<br>ITR-V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INDIAN INCOME TAX RETURN VERIFICATION FORM<br>[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-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>                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name<br>VED CORPORATION                                                                                                                                                                                                                                             |                                                                     |                                                       |                          | PAN<br>AANFV4592K                                           |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Flat/Door/Block No<br>109                                                                                                                                                                                                                                           |                                                                     | Name Of Premises/Building/Village<br>SHRIKUNJ SOCIETY |                          | Form No. which has been electronically transmitted<br>ITR-5 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Road/Street/Post Office<br>NR RANNA PARK                                                                                                                                                                                                                            |                                                                     | Area/Locality<br>GHATLODIA                            |                          |                                                             |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Town/City/District<br>AHMEDABAD                                                                                                                                                                                                                                     |                                                                     | State<br>GUJARAT                                      |                          | Status Firm                                                 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     | Pin/ZipCode<br>380008                                 |                          | Aadhaar Number/ Enrollment ID                               |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Designation of AO (Ward / Circle) WARD 3(3)(9) AHMEDABAD                                                                                                                                                                                                            |                                                                     |                                                       |                          | Original or Revised ORIGINAL                                |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E-filing Acknowledgement Number 991309730310717                                                                                                                                                                                                                     |                                                                     |                                                       |                          | Date(DD-MM-YYYY) 31-07-2017                                 |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COMPUTATION OF INCOME AND TAX THEREON                                                                                                                                                                                                                               | 1                                                                   | Gross Total Income                                    |                          |                                                             | 1       |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     | Deductions under Chapter-VI-A                                       |                                                       |                          | 2                                                           | 0       |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     | Total Income                                                        |                                                       |                          | 3                                                           | 0       |
| a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     | Current Year loss, if any                                           |                                                       |                          | 3a                                                          | 1033060 |
| 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<br>Others                                               |                                                       | 10                       |                                                             |         |
| VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| I, <b>VIPULBHAI KANTILAL PATEL</b> son/ daughter of <b>KANTILAL PATEL</b> , holding Permanent Account Number <b>AEAPP9157R</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>PARTNER</b> and I am also competent to make this return and verify it. |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| Sign here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     | Date 31-07-2017                                                     |                                                       | Place AHMEDABAD          |                                                             |         |
| If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| Identification No. of TRP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     | Name of TRP                                                         |                                                       | Counter Signature of TRP |                                                             |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| For Office Use Only<br>Receipt No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                     | Filed from IP address 106.201.90.163                                |                                                       |                          |                                                             |         |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |
| Seal and signature of receiving official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                     | AANFV4592K059913097303107176541FA76D56095A2A67AD1B730F0D980552A9B93 |                                                       |                          |                                                             |         |
| 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, within 120 days</b> from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address <b>ray1associates@gmail.com</b>                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |                                                                     |                                                       |                          |                                                             |         |