| $\sum_{\mathbb{N}}$ ITR-4 <br> O SUGAM | INDIAN INCOME TAX RETURN <br> [For Individuals, HUFs and Firms (other than LLP) being a resident having total income upto Rs. 50 Lakh and having income from business and profession which is computed under sections 44AD, 44ADA or 44AE] <br> [Not for an individual who is either Director in a company or has invested in unlisted equity shares or if income-tax is deferred on ESOP or has agricultural income more than Rs.5000] (Please refer instructions for eligibility) | Assessment Year 2022-23 |
| :---: | :---: | :---: |

## PART A GENERAL INFORMATION

| (A1) First Name Md | (A2) Middle Name | (A3) Last Name Nizamuddin | (A4) Permanent Account Number BQOPM9484P |
| :---: | :---: | :---: | :---: |
| (A5) Date of Birth/Formation (DD/MM/YYYY) <br> 18-Mar-1993 |  |  | (A6) Flat/Door/Block No. WARD NO 1 |
| (A7) Name of Premises/ Building/ Village |  | (A8) Road/Street/Post Office | (A9) Area/Locality PHULKAHA |
| (A10) Town/City/District Sitamarhi | (A11) State 05-Bihar | (A12) Country/Region 91 - India | (A13) PIN Code/ZIP Code 843317 |
| (A14) Aadhaar Number (12 digits)/ Aadhaar Enrolment Id (28 digits) (if eligible for Aadhaar No.) <br> 6xxx xxxx 3123 |  |  | (A15) Status Individual HUF Firm (other than LLP) |
| (A16) Residential/Office Phone Number with STD code/ Mobile No. 1$919801953008$ |  | (A17) Mobile No. 2 | (A18) Email Address-1 (Self) taxindia8083@gmail.com <br> Email Address-2 |

(A19) Nature of Employment - $\square$ Central Govt. $\square$ State Govt. $\square$ Public Sector Undertaking $\square$ CG - Pensioners $\square$ SG Pensioners $\square$ PSU - Pensioners $\square$ Other Pensioners $\square$ Others $\square$ Not Applicable (e.g. Family Pension etc.)

| (A20) (a) Filed u/s [Please <br> see instruction]- | $\square 139(1)$-On or before due date $\square 139(4)$-After due date $\square 142$ (1) $\square 148 \square 139(5)$ - <br> Revised Return $\square 139(9) ~$ <br> 119(2)(b)- After Condonation of delay $\square 139(8 A)$ |
| :--- | :--- |
| (b) Or Filed in response to | $\square 139(9) \square 142$ (1) $\square 148$ | notice u/s


| (A21) If revised/defective then enter Receipt No.and Date <br> of filing of original return (DD/MM/YYYY) |  |  |
| :--- | :--- | :--- |
| (A22) If filed in response to notice u/s 139(9)/142(1)/148 |  |  |
| or order u/s 119(2)(b)- enter Unique Number/ Document |  |  |
| Identification Number (DIN) and Date of such Notice or |  |  |
| Order |  |  |

(A24) Are you filing return of income under Seventh proviso to section 139(1) but otherwise not required to furnish return of income? (Not applicable in case of firm) - $\square$ Yes $\square$ No
If yes, please furnish following information [Note: To be filled only if a person is not required to furnish a return of income under section 139(1) but filing return of income due to fulfilling one or more conditions mentioned in the seventh proviso to section 139(1)]
(i) Have you deposited amount or aggregate of amounts exceeding Rs. 1 Crore in one
or more current account during the previous year? $\square$ Yes $\square$ No
(ii) Have you incurred expenditure of an amount or aggregate of amount exceeding Rs.

2 lakhs for travel to a foreign country for yourself or for any other person? $\square$ Yes $\square \mathrm{No}$
(iii) Have you incurred expenditure of amount or aggregate of amount exceeding Rs. 1
lakh on consumption of electricity during the previous year? $\square$ Yes $\square$ No
(iv) Are you required to file a return as per other conditions prescribed under clause (iv) of seventh provision to section 139(1) (If yes, please select the relevant condition from the drop-down menu) $\square$ Yes $\square$ No


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Date of filing : 29-May-2022


| E3 | Gross Receipts |  |  | E3 | 0 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| E4 | Presumptive Income under section 44ADA (50\% of E3)or the amount claimed to have been earned, whichever is higher <br> Note : If income is less than $50 \%$ of Gross Receipts, it is mandatory to have a tax audit under 44AB \& other ITR as applicable has to be filed. |  |  | E4 | 0 |
| COMPUTATION OF PRESUMPTIVE INCOME FROM PROFESSIONS UNDER SECTION 44AE |  |  |  |  |  |
| s.No. | Name of the Business | Business Code |  |  | Description |
| SIno | Registration No. of goods carriage | Whether owned/leased/hired | Tonnage Capacity of goods carriage(in MT) | Nu <br> month <br> goods <br> was <br> leas <br> ley a | Presumptive income $\mathbf{u} / \mathbf{s}$ 44AE for the goods carriage (Computed @ Rs. 1000 per ton per month in case tonnage exceeds 12MT, or else @ Rs. 7500 per month) or the amount claimed to have been actually earned, whichever is higher |
| (i) | (1) | (2) | (3) | (4) | (5) |
| Add row options as necessary (At any time during the year the number of vehicles should not exceed 10 vehicles) |  |  |  |  |  |
| E5 | Presumptive Income from Goods Carriage under section 44AE [total of column (5)] <br> NOTE-If the profits are lower than prescribed under S.44AE or the number of Vehicles owned at any time exceed 10 then the the other ITR, as applicable, has to be filed |  |  | E5 | 0 |
| E6 | Salary and interest paid to the partners NOTE:This is to be filled up only by firms |  |  | E6 | 0 |
| E7 | Presumptive Income u/s 44AE (E5-E6) |  |  | E7 | 0 |
| E8 | Income chargeable under the head 'Business or Profession' (E2c+E4+E7) |  |  | E8 | 4,99,970 |
| E9 | INFORMATION REGARDING TURNOVER/GROSS RECEIPT REPORTED FOR GST Note - Please furnish the information below for each GSTIN No. separately |  |  |  |  |
| s.No. | GSTIN No. |  | Annual Value of Outward Supplies as per the GST Return Filed |  |  |
| E10 | Total of value of outward supplies as per the GST returns filed |  |  |  | 0 |
| FINANCIAL PARTICULARS OF THE BUSINESS Note : For E11 to E25 furnish the information as on 31st day of March,2022 |  |  |  |  |  |
| E11 | Partners/Members own capital |  |  | E11 | 0 |
| E12 | Secured loans |  |  | E12 | 0 |
| E13 | Unsecured loans |  |  | E13 | 0 |
| E14 | Advances |  |  | E14 | 0 |
| E15 | Sundry creditors |  |  | E15 | 0 |
| E16 | Other liabilities |  |  | E16 | 0 |
| E17 | Total capital and liabilities (E11+E12+E13+E14+E15+E16) |  |  | E17 | 0 |
| E18 | Fixed assets |  |  | E18 | 0 |
| E19 | Inventories |  |  | E19 | 0 |
| E20 | Sundry debtors |  |  | E20 | 0 |
| E21 | Balance with banks |  |  | E21 | 5,430 |

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| E22 | Cash-in-hand |  |  | E22 |  | 5,700 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| E23 | Loans and advances |  |  | E23 |  | 0 |
| E24 | Other Assets |  |  | E24 |  | 0 |
| E25 | Total assets (E18+E19+E20+E21+E22+E23+E24) |  |  | E25 |  | 11,130 |
| Note: Please refer to instructions for filling out this schedule (E15, E19, E20, E22 are mandatory and others if available) |  |  |  |  |  |  |
| SCHEDULE IT-DETAILS OF ADVANCE TAX AND SELF ASSESSMENT TAX PAYMENTS |  |  |  |  |  |  |
| SL.No. | BSR Code | Date of Deposit(DD/MM/YYYY) | Challan no |  |  | Tax paid |
|  | Col (1) Col | $\operatorname{Col}(2)$ | Col (3) |  |  | Col (4) |
| TOTAL |  | $+3 / 4,-8 e^{2}-8$ |  |  |  | 0 |
| Note:Enter the totals of Advance tax and Self-Assessment tax in D13 and D14 |  |  |  |  |  |  |
| Schedule-TCS Details of Tax Collected at Source [As per Form 27D issued by the Collector(s)] |  |  |  |  |  |  |
| SL.No. | Tax Collection Account Number of the Collector | Name of Collector | Details of amount paid as mentioned in Form 26AS |  | Tax Collected | Amount out of (4) being claimed |
|  | Col (1) | Col (2) |  | Col (3) | Col (4) | $\mathrm{Col}(5)$ |
| TOTAL |  |  |  |  |  | 0 |

Note: Please enter total of column (5) of Schedule-TCS in D16
SCHEDULE TDS1 - DETAILS OF TAX DEDUCTED AT SOURCE FROM SALARY [As per Form 16 issued by Employer(s)]

| SL.No. | TAN | Name of the Employer | Income under Salary | Tax Deducted |
| :--- | :--- | :--- | ---: | ---: |
|  | Col (1) | Col (2) | Col (3) | Col (4) |
| TOTAL |  | 0 |  |  |

Note: Enter the total of column 4 of Schedule-TDS1 and column 6 of Schedule-TDS2 in D15
SCHEDULE TDS2 - DETAILS OF TAX DEDUCTED AT SOURCE ON INCOME OTHER THAN SALARY [As per Form 16 A issued or Form 16C or Form 16D furnished by Deductor(s)]


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Note: Enter the total of column 6 of Schedule TDS2 and column 4 of Schedule-TDS1 in D15

## Schedule 80D

| 1 | Whether you or any of your family member (excluding parents) is a senior <br> citizen? |  | Not claiming for Self/ Family |
| :--- | :--- | :--- | ---: |
| (a) | Self and Family | 0 |  |
|  | (i) | Health Insurance | 0 |
|  | (ii) | Preventive Health Checkup | 0 |
| (b) | Self and Family including Senior Citizen | 0 |  |
|  | (i) | Health Insurance | 0 |
|  | (ii) | Preventive Health Checkup | 0 |
|  | (iii) | Medical Expenditure (This deduction to be claimed on which health <br> insurance is not claimed at (i) above) | 0 |
| 2 | Whether any one of your parents is a senior citizen | 0 |  |
| (a) | Parents | 0 |  |
|  | (i) | Health Insurance | 0 |
|  | (ii) | Preventive Health Checkup | 0 |
| (b) | Parents including Senior Citizen | 0 |  |
|  | (i) | Health Insurance | 0 |
|  | (ii) | Preventive Health Checkup | 0 |
|  | (iii) | Medical Expenditure (This deduction can be claimed on which health <br> insurance is not claimed at (i) above) | 0 |
| 3 | Eligible Amount of Deduction |  | 0 |
| PC |  | 0 |  |

## SCHEDULE 80G - DETAILS OF DONATIONS ENTITLED FOR DEDUCTION UNDER SECTION 80G

| A.Donations entitled for $100 \%$ deduction without qualifying limit |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SL. No. | Name of the Donee | Address | City or Town or District | State code | Pincode | PAN of the Donee | Amount of donation |  |  | Eligible Amount of Donation |
|  |  |  |  |  |  |  | Donation in cash | Donation in other mode | Total Donation |  |
| Total A |  |  |  |  |  |  | 0 | 0 | 0 | 0 |
| B. Donations entitled for $50 \%$ deduction without qualifying limit |  |  |  |  |  |  |  |  |  |  |
| SL. No. | Name of the Donee | Address | City or Town or District | State code | Pincode | PAN of the Donee | Amount of donation |  |  | Eligible Amount of Donation |
|  |  |  |  |  |  |  | Donation in cash | Donation in other mode | $\begin{gathered} \text { Total } \\ \text { Donation } \end{gathered}$ |  |
| Total B |  |  |  |  |  |  | 0 | 0 | 0 | 0 |
| C. Donations entitled for $100 \%$ deduction subject to qualifying limit |  |  |  |  |  |  |  |  |  |  |
| SL. No. | Name of the Donee | Address | City or Town or District | State code | Pincode | PAN of the Donee | Amount of donation |  |  | Eligible <br> Amount of Donation |
|  |  |  |  |  |  |  | Donation in cash | Donation in other mode | Total Donation |  |
| Total C |  |  |  |  |  |  | 0 | 0 | 0 | 0 |


| D. Dona | entitled for 5 | ction subj | ualifying limit |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SL. No. | Name of the Donee | Address | City or Town or District | State | Pincode | PAN of the Donee | Amount of donation |  |  | Eligible <br> Amount of Donation |
|  |  |  |  |  |  |  | Donation in cash | Donation in other mode | Total Donation |  |
| Total D |  |  |  |  |  |  | 0 | 0 | 0 | 0 |
| E. Total Amount of Donations (A+B+C+D) |  |  |  |  | 物 |  | 0 | 0 | 0 | 0 |

## VERIFICATION

I, Md Nizamuddin son/ daughter of Md Rafique Mansoori solemnly declare that to the best of my knowledge and belief, the information given in the return is correct and complete and is in accordance with the provisions of the Income-tax Act, 1961. I further declare that I am making this return in my capacity as Self and I am also competent to make this return and verify it. I am holding permanent account number BQOPM9484P

Place: Sitamarhi
Date : 29-May-2022

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

| TRP PIN (10 Digit) | Name of TRP | Counter Signature of TRP |
| :---: | :---: | :---: |
| Amount to be paid to TRP 0 |  |  |

