

FORM	ITR-V	INDIAN INCOME TAX RETURN VERIFICATION FORM [Where the data of the Return of Income/Fringe Benefits in Form ITR-1, ITR-2, ITR-3, ITR-4, ITR-5, ITR-6 & ITR-8 transmitted electronically without digital signature] (Please see Rule 12 of the Income-tax Rules,1962) (Also see attached instructions)	Assessment Year				
			2	0	0	8	-

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION	Name				PAN					
	Flat/Door/Block No		Name Of Premises/Building/Village				Form No. which has been electronically transmitted (fill the code)		□ □	
	Road/Street/Post Office		Area/Locality							
	Town/City/District		State				Status (fill the code)		□ □	
	Designation of Assessing Officer (Ward/ Circle)									
E-filing Acknowledgement Number						Date(DD/MM/YYYY)		/ /		
COMPUTATION OF INCOME AND TAX THEREON	1 Gross total income				1					
	2 Deductions under Chapter-VI-A				2					
	3 Total Income				3					
	3a Current Year loss (if any)				3a					
	4 Net tax payable				4					
	5 Interest payable				5					
	6 Total tax and interest payable				6					
	7 Taxes Paid									
			a Advance Tax	7a						
			b TDS	7b						
		c TCS	7c							
		d Self Assessment Tax	7d							
		e Total Taxes Paid (7a+7b+7c +7d)		7e						
8 Tax Payable (6-7d)				8						
9 Refund (7e-6)				9						
COMPUTATION OF FRINGE BENEFITS AND TAX THEREON	10 Value of Fringe Benefits				10					
	11 Total fringe benefit tax liability				11					
	12 Total interest payable				12					
	13 Total tax and interest payable				13					
	14 Taxes Paid									
			a Advance Tax	14a						
			b Self Assessment Tax	14b						
			c Total Taxes Paid (14a+14b)		14c					
15 Tax Payable (13-14c)				15						
16 Refund (14c – 13)				16						

VERIFICATION

I, _____ (full name in block letters), son/ daughter of _____ solemnly declare that 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/ fringe benefits 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 and fringe benefits chargeable to income-tax for the previous year relevant to the assessment year 2008-09. 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

Place

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					Seal and Signature of receiving official				
Receipt No									
Date									