

INDIAN INCOME TAX RETURN

[For persons including companies required to furnish return under sections 139(4A) or 139(4B) or 139(4C) or 139(4D) only]
(Please see rule 12 of the Income-tax Rules, 1962)
(Please refer instructions for guidance)

Assessment Year

2019 - 20

Part A-GEN

PERSONAL INFORMATION

Name (as mentioned in deed of creation/ establishing/ incorporation/ formation)			PAN		
Flat/Door/Block No		Name Of Premises/Building/Village		Date of formation/incorporation (DD/MM/YYYY) / /	
Road/Street/Post Office		Area/Locality		Status (see instructions para 11b) <input type="checkbox"/>	Sub Status (see instructions para 11b) <input type="checkbox"/>
Town/City/District		State	Pin code/Zip code		
Office Phone Number with STD code/Mobile No. 1			Fax Number/Mobile No. 2		Email Address 1
Email Address 2					
Whether any project/institution is run by the assessee? (Yes/No) If Yes, then please furnish the details: Details of the projects/institutions run by you					
Sl.	Name of the project/institution (see instruction para 11ca)	Nature of activity (see instruction para 11d)	Classification (see instructions para 11d)		
1					
2					
3					
4					
Details of registration or approval under the Income-tax Act (Mandatory, if required to be registered)					
Sl.	Section under which registered or approved	Date of registration or approval	Approval/ Notification/ Registration No.	Approving/ registering Authority	
1					
2					
3					
4					
Details of registration or approval under any law other than Income-tax Act					
Sl.	Law under which registered	Date of registration or approval	Approval/ Notification/ Registration No.	Approving/ registering Authority	
1					
2					
3					
4					

For Office Use Only

For Office Use Only
Receipt No.

Date

Seal and Signature of receiving official

FILING STATUS	(a) Return filed u/s (Tick) [Please see instruction]		<input type="checkbox"/> 139(1)-On or before due date, <input type="checkbox"/> 139(4)-After due date, <input type="checkbox"/> 139(5)-Revised Return, <input type="checkbox"/> 92CD-Modified return, <input type="checkbox"/> 119(2)(b)- after condonation of delay.												
	Or filed in response to notice u/s		<input type="checkbox"/> 139(9), <input type="checkbox"/> 142(1), <input type="checkbox"/> 148, <input type="checkbox"/> 153A <input type="checkbox"/> 153C												
	(b) Return furnished under section <input type="checkbox"/> 139(4A) <input type="checkbox"/> 139(4B) <input type="checkbox"/> 139(4C) <input type="checkbox"/> 139(4D) <input type="checkbox"/> Others		Please specify the section under which the exemption is claimed (dropdown to be provided)												
	(c) If revised/ defective/Modified, then enter Receipt No. and Date of filing original return (DD/MM/YYYY)												__/__/__		
	(d) If filed, in response to a notice u/s 139(9)/142(1)/148/153A/153C or order u/s 119(2)(b), enter date of such notice/order, or if filed u/s 92CD enter date of advance pricing agreement												/ /		
	(e) Residential status? (Tick) <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident														
	(f) Whether any income included in total income for which claim under section 90/90A/91 has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No [applicable in the case of resident] [if yes, ensure to fill Schedule FSI and Schedule TR]														
	(g) Whether this return is being filed by a representative assessee? (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information -														
	(1) Name of the representative														
	(2) Capacity of the Representative (drop down to be provided)														
(3) Address of the representative															
(4) Permanent Account Number (PAN) of the representative															
(h) Whether you are Partner in a firm? (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information															
		Name of Firm							PAN						
(i) Whether you have held unlisted equity shares at any time during the previous year? (Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please furnish following information in respect of equity shares															
		Name of company	PAN	Opening balance		Shares acquired during the year				Shares transferred during the year		Closing balance			
				No. of shares	Cost of acquisition	No. of shares	Date of subscription / purchase	Face value per share	Issue price per share (in case of fresh issue)	Purchase price per share (in case of purchase from existing shareholder)	No. of shares	Sale consideration	No. of shares	Cost of acquisition	
		1	2	3	4	5	6	7	8	9	10	11	12	13	
OTHER DETAILS	A i		Where, in any of the projects/institutions run by you, one of the charitable purposes is advancement of any other object of general public utility then,-												
			a	i	Whether there is any activity in the nature of trade, commerce or business referred to in proviso to section 2(15)?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
				ii	If yes, then percentage of receipt from such activity vis-à-vis total receipts							%			
			b	i	Whether there is any activity of rendering any service in relation to any trade, commerce or business for any consideration as referred to in proviso to section 2(15)?							<input type="checkbox"/> Yes <input type="checkbox"/> No			
				ii	If yes, then percentage of receipt from such activity vis-à-vis total receipts							%			
			ii	If 'a' or 'b' is YES, the aggregate annual receipts from such activities in respect of that institution											
			Sl.	Name of the project/Institution						Amount of aggregate annual receipts from such activities					
			a												
			b												
			i	Whether approval obtained u/s 80G?								<input type="checkbox"/> Yes <input type="checkbox"/> No			
B		ii	If yes, then enter Approval No.												
		iii	Date of Approval (DD/MM/YYYY)								__/__/__				
C		i	Is there any change in the objects/activities during the Year on the basis of which approval/registration was granted?								<input type="checkbox"/> Yes <input type="checkbox"/> No				
		ii	If yes, please furnish following information:-												

	a	date of such change (DD/MM/YYYY)	___/___/___
	b	Whether an application for fresh registration has been made in the prescribed form and manner within the stipulated period of thirty days as per Clause (ab) of sub-section (1) of section 12A	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c	Whether fresh registration has been granted under section 12AA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d	date of such fresh registration (DD/MM/YYYY)	___/___/___
D	i	Whether registered under Foreign Contribution (Regulation) Act, 2010 (FCRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii	If yes, then enter Registration No.	
	iii	Date of Registration (DD/MM/YYYY)	___/___/___
	iv	a Total amount of foreign contribution received during the year, if any	Rs. _____
		b Specify the purpose for which the above contribution is received	
E	i	Whether a business trust registered with SEBI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii	If yes, then enter Registration No.	
	iii	Date of Registration (DD/MM/YYYY)	___/___/___
F	Whether liable to tax at maximum marginal rate under section 164? (If disallowable u/s 13(1)(c) and/or 13(1)(d))?		<input type="checkbox"/> Yes <input type="checkbox"/> No
G	Is this your first return?		<input type="checkbox"/> Yes <input type="checkbox"/> No

AUDIT INFORMATION	H	Are you liable for audit under the Income-tax Act?(Tick) <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, furnish following information-				
	Section under which you are liable for audit (specify section). Please mention date of audit report. (DD/MM/YY) (see Instruction 6(ii))					
	12A					
		a	Name of the auditor signing the tax audit report			
		b	Membership No. of the auditor			
		c	Name of the auditor (proprietorship/ firm)			
		d	Permanent Account Number (PAN) of the proprietorship/ firm			
	e	Date of audit report				
	f	Date of furnishing of the audit report ___/___/___ (DD/MM/YYYY).				
	I	If liable to audit under any Act other than the Income-tax Act, mention the Act, section and date of furnishing the audit report?				
		<i>Act and section</i>	<i>(DD/MM/YY)</i>	<i>Act and section</i>	<i>(DD/MM/YY)</i>	
MEMBER'S INFORMATION	J	Particulars of persons who were members in the AOP on 31 st day of March, 2019 (to be filled by venture capital fund/investment fund)				
		S.No	Name and Address	Percentage of share (if determinate)	PAN	Aadhaar Number/ Enrolment Id (if eligible for Aadhaar)
		(1)	(2)	(3)	(4)	(5)